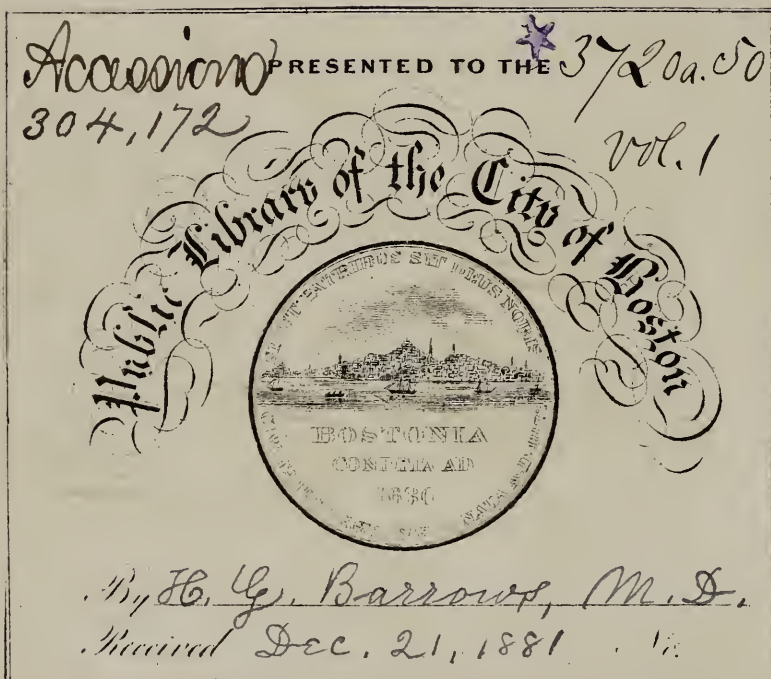


MASS. POLYCH. MED. JOURNAL

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JANUARY, 1881.

NO. 1.

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MASSACHUSETTS

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Eclectic Medical JOURNAL.

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H. G. BARROWS, M. D.,

(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY,)

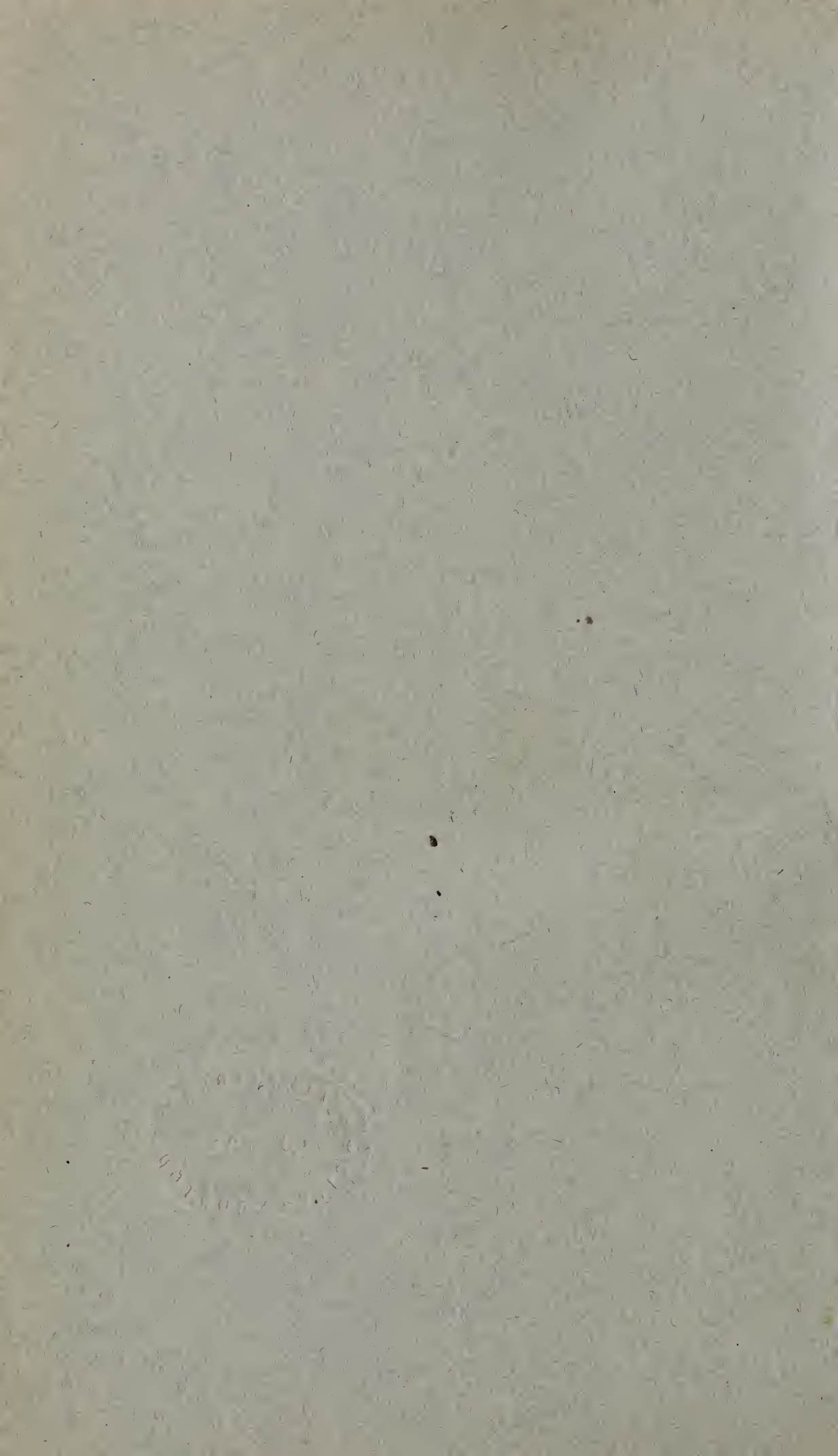
EDITOR.

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H. G. B. M. S.

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Eclectic Medical Journal.

VOL. 1.

BOSTON, JANUARY, 1. 1881.

No. 1.

SALUTATORY.

In presenting a new medical publication it is naturally expected that something should be said concerning the objects which have induced the movement. The Massachusetts Eclectic Medical Society has now existed twenty years, and it is the opinion of the most enterprising and progressive Eclectics that we need an organ through which we can communicate with the public and with each other. The principles and the practitioners of Eclecticism are rapidly increasing, and it is believed that the time has fully come for Massachusetts to inaugurate and sustain a medical journal of her own.

Shall this movement be sustained? If you say "it shall" it can and will be done. How shall it be done? By prompt subscription and payment for the journal and by your communications for its columns. The first will provide the absolutely "material aid," and the second will add interest to its pages.

The object of this publication will be to enable us to come into more intimate relations with each other, and to give the public a better acquaintance with us and of our system of practice.

While the journal will advocate Eclecticism it will also avoid controversy as far as possible, and strive to carry out the principle "as much as lieth in you live peaceably with all men."

Correspondence will be welcome from all respectable sources and from accredited members of either recognized school of practice. Advertisements proper for a medical journal will be received and advertisers liberally dealt with. All new medical and scientific publications, new and legitimate medicines, and all new or improved surgical instruments and appliances, and, in short, whatever tends to the advancement of medical and surgical practice, will receive a due share of attention.

The journal will not in any manner countenance quackery in or out of the profession, and will earnestly contend for a high standard of literary and medical attainment on the part of all who seek to enter its ranks.

The journal will contain at least forty-eight pages of reading matter exclusive of advertisements, and the mechanical work will be executed in a satisfactory manner.

All correspondence, subscriptions, exchanges, etc., must be addressed to the EDITOR MASSACHUSETTS ECLECTIC MEDICAL JOURNAL, No. 31 Cornhill, Boston.

January, 1881.

DIPHTHERIA.

By F. L. Gerald, M. D., Hyde Park.

During the past few years this disease has excited the public heart, for when once within the fold of a family of children no one knows when or where it will end. Diphtheria is evidently a constitutional disease. It is eminently epidemic in character, and rarely occurs sporadically. The formation of membranous exudation upon the lining membrane of the mouth and fauces is, in many respects, enveloped in obscurity. The diphtheritic symptoms are the local expression of a special morbid condition of the system, and the nature of the blood-changes remain to be ascertained. In the incipient stage of the disease, in many cases, there is but little inflammation of the tonsils or neighboring parts, the exudation first showing itself upon the tonsils in the form of whitish-gray or ash-colored specks or patches, which gradually enlarge or spread until they meet and form one continuous membrane. At this stage of the disease the constitution is not usually very much disturbed.

In many cases the fever is slight, the pulse not very much accelerated, the temperature is but little above the normal standard, the skin is not very dry, deglutition is not impaired and there is but little pain and swelling about the throat. In some cases the above symptoms constitute the whole of the complaint, recovery taking place without serious consequences. In others they are but the beginning of more alarming indications, some reaching the crisis after several days, while others dash on to a fatal termination in a few hours. It seems to rage among children that have every comfort that the human mind could desire as well as those that do not have the wealth and comforts that others are blessed with. The following has been about my course of treatment, with considerable success,

When I am called to a child that has the characteristic symptoms of diphtheria, I usually prescribe thus:

R. Tinct. Aconite Rad. gtts. vi.
 Tinct. Phytolacca Decandria (Greenroot) gtts. xxx.
 Aqua Pura oz. iv.

Dose—A teaspoonful every hour.

R. Bichromate of Potash, first decimal, one or two grains, or enough to color half a tumbler full of cold water a little yellow. Dose—A teaspoonful every hour in alternation with the Aconite mixture. (The first decimal, or any strength wanted of the Potash, can be procured at any Homœopathic Pharmacy.) Every two or three hours I give from three to five grains of Hyposulphite of Soda in cold water, or Syrup of Ginger. If the mucous membranes have a purple appearance Chlorate of Potash in the same doses as the Soda will answer better. For a gargle I use the following: Make a strong decoction of Sumach Berries, and to every half pint add two drachms of Chlorate of Potash. If the child is old enough use it freely and thoroughly, if not let the throat alone. For the past two years I have not applied anything to the throat with the brush or pencil, and I have certainly had better success. As long as there is any poison in the blood just so long the false membrane will appear upon the tonsils and neighboring parts. The constitutional treatment must be kept up until all trace of the disease has passed away. The patient should inhale the vapor of lime from some open vessel in severe cases. As soon as convalescence begins to take place Tinct. Ferri Chl. should be given in proper doses three or four times daily in cold water. The patient should always rinse the mouth with a little Soda water after each dose of iron. In many cases even of a mild nature partial paralysis will follow for a few weeks after all other symptoms of the disease have passed away. In such cases I give Tinct. of Nux Vomica, gtts. v. or x. (according to the age of the child), Acid Phosphoric dilut one drachm, Glycerine Pura and Aqua Pura aa. two ounces. Dose—Teaspoonful in cold water every four hours. Where the glands of the throat are much swollen the application of Tinct. of Phytolacca, Tinct. of Veratrum Viride and Alcohol, equal parts, is perhaps as good as anything that can be used; keep a flannel wet with the lotion about the throat constantly. Where the skin is dry and hot I direct the patient to have an alkaline sponge bath two or three times daily, but if the skin is cool and flabby I use a weak Muriatic Acid bath.

The food must be light and nourishing, fresh cream and milk with brandy if needed, ice cream, fresh essence of beet, and in some cases large quanti-

ties of sweetened water and brandy. I have prescribed Sulpho-Carbolate of Soda, also Iodide of Arsenic, yet I have had the best success with Chlorate of Potash, Hyposulphite of Soda, Phytolacca, Bichromate of Potash, Aconite and Belladonna. Of course these remedies are not all indicated in the same patient at the same time, each remedy having its pathological indication.

DYSPEPSIA.

By J. P. Bills, M. D., Pocasset.

(READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.)

In selecting Dyspepsia for a subject it was not so much for the purpose of offering anything new in relation to the malady, as the thought that there are, perhaps, methods and remedies used by some of our older practitioners that may be brought to light in the discussion that might arise by offering a paper on this disease, thereby benefiting some of the younger practitioners who are not unfrequently called upon to treat this almost intractable malady.

A person will not of necessity need to become a doctor to find out that Dyspepsia is about as common a complaint as "flesh is heir to," and might, I think, be called essentially the "American Disease," so numerous are the people in this country "who are conscious," as Thomas Carlisle has fitly expressed it, "that they are the miserable owners of a diabolical arrangement called a stomach."

Dyspepsia, or indigestion, may be defined as a failure of the digestive function to take from what we eat and drink the elements that are intended for the nourishment of the whole body.

This condition is confined to no particular class; the young, the old, the rich and poor alike suffer, though the causes that produce the malady are not necessarily the same in the different classes.

In infancy one of the causes of indigestion is over-feeding. Many physicians can call to mind instances of mistaken kindness displayed by some nurses and old women in the welfare of a newly-born child. From the sudden change attending the introduction of the infant into the world, the many new sensations it begins to feel, and the non-secretion of milk in the mother's breast for some hours after delivery, it seems to have been intended by nature that both parent and child should have some repose before

a supply of food should be required by the one, or be furnished by the other.

But these old women are often wiser than nature, and insist that the child must have something to eat, as it must of course be starving, after what they consider a nine months' fast, and hasten to fill its stomach with gruel or some other food. Not unfrequently severe indigestion is thus induced at the start, which in a delicate child may be sufficient to lay the foundation for much suffering and bad health.

By some parents eating is regarded as the panacea for all the pains and troubles which affect the young. If a child falls and hurts itself its cries are immediately arrested by stuffing something eatable into its mouth.

If the temper is discomposed by the loss of a toy, or from any other cause, it is forthwith soothed by an offer of sweetmeats, the ultimate effect of which is to excite colic pains in its bowels, which are worse than the original evil, and for which it is presented with nice peppermint-drops, or some other equally pleasant antidote.

Because the mouth is open when the child is crying, and as the mouth leads to the stomach, parents jump at the conclusion that it is opened for the purpose of being filled, and proceed to cram it accordingly. By parents insisting in this course month after month, the stomach becomes over-distended and over-worked, and loses its power of digestion; the stomach is allowed no repose in which to regain its lost power or its nutrition.

When we reflect that the object of digestion is to furnish materials for growth of the body, and to supply the waste which is constantly going on, it must appear evident that if the digestive power be impaired by disease, by improper quantity or quality of food, or any other cause, the result must be the formation of imperfect chyle, and consequently of imperfect blood.

If the blood be impoverished so must all the organs it supplies, and as a result we have imperfect nutrition. Many of the deaths that occur during the first two years of life may, I think, be attributed to errors in diet.

Surprise is oftentimes expressed at the number of children that are carried off before completing their first or second year, but when we consider the defective education and entire ignorance of the human economy, not only of the nurses and servants that have the charge of children, but of parents themselves, our wonder ought to become greater that so many survive, than that so many die.

In mature and old age, and after growth no longer goes on, and nourishment is needed merely to supply waste, the appetite becomes less keen and the power of digestion less intense. If the individual continues from habit

to eat as heartily as in early youth or manhood, he will usually find that the attempt to combine the appetite and digestion of his younger days with the altered circumstances and comparative inactivity of maturer years, will be rewarded in the shape of numerous sick-headaches and bilious attacks, so common at the present day; and he will be brought to a realizing sense that he no longer possesses the appetite of an Indian, nor the digestion of a tiger.

Among the rich and those in comfortable circumstances, of indolent habits, there are many who, by their actions, one would be led to suppose that the greatest boon that can be conferred on mankind is the privilege of living to eat.

I think all of us can call to mind examples of this kind, and at the time when the provender in the shape of meats, vegetables, fish, fowl, pudding and pastry were disappearing in such quantities, and in such an astonishing short space of time, we have wondered at the endurance of appetite and the capacity of the stomach.

These people have not the slightest idea that by following this mode of living they are undermining their health, and will at no distant day pay the penalty of their indiscretion. At the same time they are generally so self-sufficient, that, should you presume to suggest to them that they may be injuring their health, (unless called upon professionally), you might be reminded of the man in the far West, of whom it was said, "he made a fortune by attending to his own business."

When one of them finds he can no longer digest his food and suffers some of the pangs of indigestion, he will surely say, "he has not eaten to excess, and his indiscretions have been so few, it is a little singular he should be afflicted," and is ready with the conclusion that the stomach was made for the particular purpose of torment.

If over-feeding and a too stimulating quality of food is a prevailing error among the well-to-do, the opposite condition is that of a large portion of the poorer classes. Pressed upon all sides for the means of gaining a livelihood, from insufficient pay, or largeness of family, or for some mismanagement of his own, the poor man finds it hard to obtain anything but the cheapest kind of food, and that, in many cases, of an indigestible character, added to this, poor cooking, irregular hours of eating, a want of cleanliness and imperfect ventilation, and we have a condition of things that are inadequate to carry on a vigorous growth. The result of all this is that there is a diminished power to resist the causes of disease. This fact is unquestionably demonstrated during the prevalence of an epidemic. The poor become

victims in proportion far exceeding their more fortunate neighbors, who have never known want or experienced the pangs of hunger.

Among business and professional men we see evidences of this disease. Doctors are not exempt, though I believe it is accepted as a truism, that it does not necessarily follow that a man knows how to take care of his health because he has obtained the coveted desire of annexing M. D. to his name.

Nowhere on the face of the earth does man hurry off to business so immediately after eating as in this country; nowhere does he so bolt his food; and such might be likened to some of the pedestrians of the day, who, in their "go as you please" style, have but one object in view, and that is to get ahead of time. The consequence is that nowhere else is Dyspepsia so common as in the United States.

The business man, and especially the one who is pointed out as the active, smart and live man, swallows his breakfast, and almost before the food has reached his stomach, he is at his store or office busily engaged in the work of the day. And at noon, should you call on him at his place of business, most likely you would find on his office door or desk something like the following: "Gone to dinner, back in five minutes."

After remaining at his store from 7 or 8 o'clock in the morning until 5 or 6 o'clock at night, he has a vague notion that exercise is the thing for him, and in order to insure good digestion he straightway proceeds to put his idea into execution and will walk four or five miles. He has not the slightest notion that there is an improper, as well as a proper, time for exercise, and that if indulged in at improper times is capable of doing great injury. By the time he reaches home what little strength he has is gone, and he does not care to eat.

He cannot believe he is doing injury to himself, and will continue to follow the same course for months; finally he is convinced that something is wrong, and the first place he goes for relief is to some drug store, (particularly if the proprietor is a friend), and before a doctor has an opportunity to treat him, he has consumed an unlimited amount of patent medicines, which have had the effect of adding fuel to the flames.

Such are a few illustrations of some of the causes that produce this disease, and they may be found in almost any community.

In regard to treatment it will of necessity be varied. I think the most important requisite for successful treatment is not only a hearty and conscientious co-operation on the part of the patient, but the allowance of sufficient time; for it is folly for any one to suppose that physicians or medicines can repair and put in order at short notice, any part or function of

the human system, the owner of which has been years putting out of a healthy condition.

Unless these conditions are insisted upon at the start, and freely granted, medication will be of little avail. In cases where bolting the food is the prevailing error, the remedy is simple and specific, namely,—take more time for the meals and masticate thoroughly and slowly.

Sub. Nit. Bismuth in doses from one to two grains, is beneficial in those cases in which there is an over-secretion of acid; the condition is usually marked by flatulence, and acid eructations; the remedy cures by its topical action upon the mucous surface of the stomach, thereby constringing the gastric follicles. The Carb. of Bismuth is preferred by some physicians in cases of labored digestion, and where there are indications of hypersecretion, it is said to be superior to the Sub. Nit., as it is better tolerated by the stomach, from its greater solubility in the gastric juices, its power to neutralize the excess of acid, and its non-tendency to constipate the bowels. The dose is from six to ten grains half an hour before meals.

Pepsin, as an article for the relief of indigestion has many believers, and perhaps more disbelievers.

This state of affairs in relation to a really good remedy is due no doubt more to a want of correct knowledge in the application of the agent, than to any failure of the remedy itself.

If there is a condition of alkalinity, indicated by the tongue and mucous membranes of the mouth, it should be first corrected by an acid. If there is indicated a condition of fermentation going on in the stomach, the antiseptics will first have to be employed. If the tongue is heavily coated at the base and of a dirty yellow color, and a feeling of nausea is present, an emetic is probably the best remedy to be employed. After these conditions have been met and corrected, and there is a feeling of heaviness at the stomach after a meal. Pepsin in from fifteen to twenty grain doses may be of advantage.

In those cases where we find a devitalized condition, Fowler's Solution of Arsenic, one drachm in combination with Syr. Lacto. Phos. Lime, four ounces, given in half teaspoonful doses three times a day, exerts a beneficial influence. There are two articles of diet to which I would like to call attention. I first heard of them from Prof. Howe, and, so far as my limited experience goes, they have done all that he has claimed for them. I refer to boiled pickled pork and hard boiled eggs; eggs that have been cooked fully fifteen minutes. He having been a dyspeptic for years, employed

these articles freely as food, and such were the gratifying effects produced in his case, that he has followed the treatment in all cases that came into his hands, and he says so few are the exceptions, that it may be laid down as a rule that these articles can easily be digested by most persons suffering with dyspepsia.

In conclusion, the different cases that come under the hand of the physician to treat, will demand close study and observation.

Good advice as to the observance of all hygienic and sanitary laws, exercise in the open air, relaxation of body and mind, cheerful company, and many other things that the good judgment of the physician may suggest, if faithfully followed, the result may be a happy termination of an annoying disease, alike to the gratification of the patient and physician.

THE RECIPROCAL INFLUENCE OF MIND AND BODY.

By H. G. Barrows, M. D.

That the mind exerts a powerful influence both in the cause and in the cure of disease, we most firmly believe. The manner in which the mind influences the body will probably remain one of the insoluble mysteries. The mind dwelling for any length of time upon any subject of a disagreeable nature disturbs all the functions of the body.

Change of ideas is as necessary for the health as change of position.

We are not prepared to affirm that we never need be sick; this would be saying more than our experience would justify; but we do not hesitate to say that we are sick very much oftener than we should be, and much oftener than we would be did we but realize, and act upon, the knowledge that our bodily troubles very frequently have a mental origin; or when established, are continued by mental influences.

We need not say to you that the mental passions, unduly exercised, inaugurate disease in not a few instances, and also exert a powerful influence in increasing our liability to take on disease.

Under the action of anger the circulation of the blood is hurried, and the

influence of this passion will be found to be peculiarly hurtful to persons of delicate structure and weak nerves.

Under the action of fear the spirits are depressed and the system is laid open, or rendered more liable to the attacks of disease.

The passion of grief is destructive in its effects, and not unfrequently proves fatal.

Some of us have doubtless seen cases of what are called religious melancholy. It exerts a most deleterious influence upon the bodily organism, producing in some cases results most painful to look upon.

That the mind exerts an influence in producing and protracting bodily diseases, is a fact which is now placed beyond the pale of discussion. True it is that formerly this influence was little understood, but latterly, happily for us and our patients, new light has been shed upon the subject, and it is now meeting with a deserved share of medical attention.

The principle of the effect of the mind upon the body in the cure of disease was recognized, though doubtless not understood, by the ancient physicians of most nations, as a glance at their treatment will convince us; and whenever cures were effected, as doubtless in some cases there were, this was the secret, but to them unknown cause, of such cures. Charms, amulets and incantations, could have had no influence beyond their effects upon the mind, nor is it surprising that the common people should have been strong believers in their efficacy, when such characters as Aurelias, Demosthenes, Cicero, Boyle and Lord Bacon, were willing to confess themselves converts to their efficiency.

Among the enumerated causes of disease, as admitted and promulgated by modern medical writers, we are told that depressing and other passions of the mind will cause intermittent fever, dyspepsia, epilepsy, apoplexy, inflammation of the brain, hypochondria and insanity.

Among the causes of consumption some authors place violent passions, or affections of the mind. One author, speaking of this disease, says the patient's mind ought to be kept as easy and cheerful as possible. The disease is always aggravated by a melancholy cast of mind, hence the patient should not be left alone to brood over his calamities, which will surely make him worse. Depression of spirits, grief, fear and anxiety of mind, are placed among the causes of slow nervous fever.

Melancholia, a disease well known to the medical profession, is a state of alienation or weakness of mind, which renders the unfortunate victim unfit for either the pleasures or the duties of life. Among its attributed causes

are intense thinking, especially when the mind is long occupied upon one subject.

In all these difficulties the mind acts an important part, and to its direct or indirect influence, may be traced either the inauguration of the disease or the slow process of its cure, and if we could but penetrate deep enough into the mind's troubles, we should, in many cases, find that death was but the result of these unrelieved troubles. Although authors place this diseased condition of the mind among the causes of the maladies to which we have referred, yet it is a noticeable fact that all their prescriptions are directed to the medication of the body, rarely directing attention to the state of the mind.

"A sound mind in a sound body" constitutes the nearest approach to a perfect state of health. If the mind is diseased the body sympathizes; if the body is diseased the mind sympathizes. The connection between the two is as inseparable as their action upon each other is certain and mysterious.

A certain writer once asked the question concerning a great city, "Why should Rome fall before her time?" Let us ask you "Why should you die before your time?" There are certain laws which relate to the body, there are also certain laws relating to the mind. A violation of any one of either of these codes of laws will be followed by marked results. Mankind are so far free to act as to possess the ability to follow enlightened reason or to blind that reason, and follow animal propensities and desires. A young man, for instance, regardless of the teachings of conscience, and the promptings of an enlightened reason and intellect, plunges into all the follies and dissipations of life, "spends his substance in riotous living," undermines a natural good constitution, and at thirty or thirty-five years of age, when he should appear before the world a man, in the full glory and nobility of his manhood, an honor to community and an ornament to society, stands but the wreck of his former self, his constitution broken down, his body weak and feeble, his mind shattered and impaired beyond recovery, he sinks to an early grave "mwept, unhonored and unsung." Answer the question, young man, for it is a personal one, "Why should'st thou die before thy time?"

The generous limit of life as referred to in the Bible is three score years and ten. Many, very many, fall short of this period, some attain to it, and a limited few exceed it. A very interesting writer in speaking upon this point observes: "When I was a boy I used to think three score and ten

years a very sufficient spell of this world. I wondered how anybody could grumble at so liberal an allowance of life, and, indeed, for my own share, I would no more have hesitated to give up my claim to the odd ten years than the gold sellers do at the diggings to throw the odd ounces into the bargain. That, I say, was in my boyhood, when I was too far off from what I was dealing so generously with to be able to understand anything about it. I know better now. Three score and ten might have suited the Israelites when they were wandering in the wilderness, but I am decidedly of opinion that Moses, when stating the limit in his prayer, printed in the book of Psalms, made no allusion to us. In fact, the period in itself is objectionable, inasmuch as it is not a period at all but more like a semi-colon."

"It makes me uncomfortable," remarks this same author, "to hear people talking of three score and ten years, as if they thought it improper to fly in the face of Moses. There is naturally implanted within us the love of life and a dread of death, doubtless for the most wise and beneficial purposes; that we should not abuse and destroy health, without which life and its enjoyments would possess no charms; and also to lead us to attain that condition of mind which would enable us to pass through its duties, its cares and its sorrows, with an unshaken rectitude, until at length, having reached a glorious old age, we may, when the oil of life is consumed, like the ancient Patriarch, bow our head, fall on sleep, and with the recollection of a well-spent life to cheer us, sink gently to rest."

To those who have not inherited from their parents a weak and feeble frame and a delicate constitution, such a length of life, barring accidents, with a similar exit, are within their reach, and if this be so attainment to it is a duty.

In regard to the length of human life, Mons. Flourens published a work in Paris on this subject, in which he says: "I propose the following natural durations for the whole life of man: The first ten years of his life are infancy, so-called; the second ten is the period of boyhood; from twenty to thirty is the first youth; from thirty to forty, the second. The first manhood is from forty to fifty-five; the second from fifty five to seventy. This period of manhood is the age of strength, the manly period of human life. From seventy to eighty-five is the first period of old age, and at eighty-five the second old age begins. These periods all shade insensibly into each other, so that in an actual life we can hardly tell where the one ends or the other begins. They vary in length also in different individuals, and most men now-a-days become old and die while they ought still to have been in

the period of early manhood."

This arrangement may strike those who have never thought much on the subject as being rather singular, not to say questionable, but the limits thus assigned by Flourens to the several periods are not wholly arbitrary, like those of which we generally talk, on the contrary a more or less sound physiological reason is assigned for each.

Infancy properly ceases at ten years, because then the second teething is completed; boyhood at twenty, because then the bones cease to increase in length; and youth extends to forty, because about that time the body will cease to increase in size. Enlargement of bulk after that period consists chiefly in the accumulation of fat, the real development of the parts of the body has already ceased. Instead of increasing the strength and activity, this latter growth weakens the body and retards its motions. Then when growth has ceased the body rests, rallies and becomes invigorated.

It must not be forgotten that the completeness of these various periods depends upon a strict conformity to the laws of our physical and mental natures.

Few are aware of the relation of the will to health. If the truth could be known it would be found, perhaps, in eight cases out of ten, disease is brought on by the morbid and excited imagination of the victims. Intense fear of disease is sufficient to produce it, and in the sickly seasons of the year we cannot too powerfully exert our will to banish apprehension and keep our minds perfectly easy.

A learned and scientific German writer says: "The principal cause of an habitual unhealthy state is exaggerated attention to everything that concerns the body. It is pitiful to see narrow minds occupied by an intense care for their physical existence, and wearying and wearing themselves away by habitual anxiety. The physician, whom they are never weary of consulting, only feels pity for them. Such people die of the desire to live."

The effect produced on most people with weak minds, or nervous condition of body, who read medical books, is too well known to need a description. It often happens, in studying diseases of the eye, that a fear of blindness striking the imagination, the sight finally becomes affected by that fear alone.

You may remember the story of the English servant, who, after reading an account of a frightful death, caused by the bite of a rabid dog, was seized with the symptoms of hydrophobia, and only owed his life to the most careful treatment.

Another writer remarks, "that, during an epidemic fever which raged around me, I was exposed to inevitable contagion, and felt the first attacks, but succeeded in saving myself, I am convinced, solely by the exercise of a strong will."

The power of will at such moments is almost incredible; it expands, so to speak, throughout the whole body, which it places in a condition of activity to repel injurious influences.

Fear is a condition of indolent weakness, which surrenders us defenceless to the victorious attacks of the enemy.

When we look over the bills of mortality, as they come to us from different parts of our own country and Europe, the question often occurs, "why should people die before their time?" or in other words, "why is it that so few live beyond the average of human life, say about thirty years?" There is no better, or more reasonable solution of this question, than that which is found in the careless, thoughtless abuse of those mental and physical powers with which nature has originally invested them.

Let us look at a few carefully selected statistics. The average length of human life is found to be about twenty-eight years. One quarter die previous to the age of seven; about one-half before reaching seventeen years of age. Only one in every thousand persons reaches the age of one hundred years. Only about six in every hundred reach the age of sixty five, and probably not more than one in five hundred, lives to the age of eighty years. Of the whole population on the globe, it is estimated that 90,000 die every day; about 3,700 every hour, and 60 every minute, or one every second.

These losses are more than counter-balanced by the number of births. The married, it is asserted, are longer lived than the single.

The average duration of life in all civilized countries is greater now than at any anterior period.

One distinguished historian states that "in the year 1685, not an unhealthy year, the deaths in England were as one to twenty; but in 1850, one in forty.

Another author states, "that the average duration of life in France from 1776 to 1843 increased fifty-two days annually. The rate of mortality in 1781, was one in twenty-nine; but in 1851, one in forty.

This writer adds to his account "that rich men live on an average 42 years, but poor men only 30 years." When we deduct from this account out of which the average of life is established, one-fourth of the total num-

ber who die before the age of 7, and the half who die before the age of 17, what shall be said of the balance?

The life of infancy and youth we know is very uncertain. The inheritance from parents of a weak constitution, and also the seeds of disease, together with the neglect and lack of comforts to which infantile and youthful age is exposed, and that, perhaps, through the necessity of poverty, hurry from the stage of human life this class of its inhabitants, which class is by no means small.

Of the remnant it may be said that the customs and fashions of society, the existing mode of life, the midnight revels, life's daily excesses, personal neglects in lack of care of the body,—these, and other causes that might be mentioned, all aid in the general work of undermining the system and shattering to a greater or less degree the mind and its powers.

Of this remnant many die from physical diseases, which being augmented in force by mental influence, the victim falls before the influences brought to bear upon him.

Not a few of these deaths may be attributed to bad medical management and to an excess of medicine, for it requires as much, and perhaps more judgment, to know when to withhold medicine as it does to know when to give it, and it is our firm belief that a large number die annually who are actually drugged out of life, who, if they had been left to the care of kind and indulgent nature would have recovered.

We cannot disguise one fact, and that is that in every community may be found a class of persons, larger or smaller as the case may be, who are never satisfied unless they are continually taking medicine. Instead of giving nature an opportunity to relieve herself, they continually force down medicines, to the absolute detriment of the body, and thus by destroying themselves actually become suicides, and in this business they too often try to make the doctor a "particeps criminis."

We do not think there is a country in the world where the people are so addicted to this propensity as in our own. It has almost become a perfect mania. Now we do not believe that nature ever designed the human body to be such a receptacle of medicine. If men would study nature's laws, diet properly and not excessively, be regular in their habits instead of their doses, use common sense and cold water freely, and the doctor as little as possible, or only when really needed, they would live longer, suffer less and pay little for the privilege.

That the mind exerts a great influence both in the cause and cure of

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disease can hardly be considered a subject necessary to be discussed. Every physician who has studied the laws of mind in connection with those of the body knows its truth. The passions of the mind are powerful either for good or ill. Bad news weakens the action of the heart, depresses the lungs, destroys appetite, stops digestion and partially suspends all the functions of the system. An emotion of shame flushes the face; fear blanches it; joy illumines it, and an instant thrill electrifies a million of nerves.

Surprise spurs the pulse into a gallop; delirium infuses great energy; volition commands and hundreds of muscles spring to execute.

Powerful emotions sometimes kill the body at a stroke. Chilo, Diagoras and Sophocles died of joy at the Grecian games. The news of a defeat killed Philip V.

Eloquent public speakers have sometimes died in the midst of an impassioned burst of eloquence, or when the deep emotion that had produced it suddenly subsided.

Largrave, the young Parisian, died when he heard that the musical prize for which he had competed, had been awarded to another.

We might enumerate many more cases but they all point to the same result.

In cases of over-fatigue of the body the mind strongly sympathizes, and in proportion as the body is dragged down, so to speak, by exhaustion, the mind follows in the same track and disease is quite apt to be superinduced.

Overworking the body is a great fault in this country, especially in the dollar-worshipping latitude of New England. A very sagacious writer once remarked, "that people in New England do not have enough relaxation." We think this statement is painfully true. They too generally have a careworn expression almost from infancy to age, and the fact cannot be denied that anxiety is a weariness to the flesh.

We are all utilitarians in this country, especially in the Northern States, hardly affording ourselves opportunity for eating or sleeping in the manner which nature demands, for she can only conduct her chemical operations properly, and re-adjust the deranged vital machinery while we are quietly slumbering. We recruit ourselves and grow fat, as it were, during a refreshing nap, but exhaust the system, both physically and mentally, in pursuing to excess the ordinary round of every-day business.

Females in New England are worse off than the other sex in the deprivation of out-door relaxation, as custom, with some, has made it vulgar to breathe the fresh air of heaven unless it is done in a very lady-like manner.

Hence they make feeble mothers, look thin, sallow and die by hundreds prematurely, of diseases which never would have been developed had there been less education of the mind and more of the body in girlhood.

A sad mistake is made by a too implicit belief in the adage "Time is money." That belief has caused great evil, since the first object of pursuit is, in consequence, made to be cash. Cash is a good and desirable thing in life, but we should remember it is not the all of life. Those who attempt to rest reasonably from their labors at proper periods are either afraid of not having enough, or else are perpetually reminded that idleness ends in want. So the shuttle flies faster than it ought to go; the farmer cheats himself out of all that is worth having—health—by denying himself and his boys a holiday, because "Time is Money" and "Example is everything." So it is in every branch of industry, labor and toil, body and mind, on to the grave, leaving the world unsatisfied, having never found themselves ready to rest and take comfort.

We work too much and too long in New England, and it will only be when we reform that we shall see a diminution in the bills of mortality.

We may see a good illustration of the influence of mind upon the body in seasons when epidemics prevail, more especially those which are considered contagious in their character.

We have already remarked that the most depressing passion or emotion is that of fear. It possesses the power to originate and to aggravate disease in the individual over whom it exerts its control. An undaunted mind would repel the influence of an epidemic where hundreds, controlled by fear, would fall under its influence.

The knowledge of the existence of an infectious disease in the immediate neighborhood to a timid mind, by dwelling upon the fact, gives rise to a constant dread of apprehended evil. So long as that individual lived in ignorance of the fact no fear or anxiety could possibly exist, but when the knowledge came with it also came the fear of injury, and if a mind brooding over such anticipated evil, is fully taken possession of by the passion of fear, there are hardly ten chances in a hundred but that the results will follow. Surely, in such a case, "ignorance is bliss."

The moral senses oftentimes impart the power to resist infection, or rather, perhaps, to prevent the system from degenerating into that condition which is so favorable for the reception of disease.

The strong sense of duty and the affectionate devotion which prompt a wife to the care of a husband, or a mother to the care of a child, when sick

of an infectious disease, possess the power to protect them from infection. Multitudes of wives and mothers have passed through such dangerous ordeals and have come out of them uninjured, and why? Simply because a strong sense of duty and the stronger passion of love, or affectionate devotion to the object of that love, have been powerful to prevent the system from degenerating into that condition which was favorable to the reception of infection. We doubt not some of our readers can call to mind similar cases, which will illustrate the principle here laid down and confirm its truth.

The application of these principles to the treatment of the sick may, we think, be readily perceived. When we find that our remedies do not act with the efficiency that we have a reasonable expectation they should, and in spite of our best endeavors we fail to see the recuperative process go on satisfactorily and speedily, we cannot but believe there is a cause for this retarded cure, and if we penetrate into the region of mental influences we shall probably there find the element, or elements, to which this effect may be referred.

In view of these facts we think we cannot fail of the conclusion that a knowledge of the laws of mind is as essential to the success of the physician as is the knowledge of those laws which govern the body.

Why may not this be a just conclusion when we consider the fact that so many diseases are attributable in their origin to affections of the mind? Shakespeare, the man in whom all knowledge seems combined, appeared to have a due sense of the influence of mind, as we may infer from a few brief quotations: "'Tis the mind that makes the body rich." "When the mind's free the body's delicate." And the words of Macbeth to the physician are quite to the point: "Can'st thou not minister to a mind diseased, pluck from the memory a rooted sorrow?"

Cheerfulness on the part of a patient is absolutely essential to the cure; not that this, of itself, is sufficient to produce that result, but where such a state of mind exists the chances in favor of the patient's recovery are very much increased.

When we have successfully carried a patient through the severest part of their disease and then find that our remedies, (which in all like cases have been successful), do not take hold of the patient, but that recovery is so slow as scarcely to be perceptible, in short, that there seems to be a secret influence at work which is breaking down our patient as fast, and sometimes faster, than we can build him up, it behooves us to look beyond

physical, to mental causes, for a solution of the mystery. In our own experience we have never been disappointed in finding a mental cause for this slow recovery.

It is, of course, to be admitted that idiosyncrasy, or peculiarity of constitution, acts no inconsiderable part in repelling some agents, which, in other patients, have exerted a favorable influence; but the observing physician will readily discover the difference between the effects of idiosyncrasy and those which result from deeper and moral causes.

Whenever we have had reason to believe that some secret mental influence was retarding our patient's recovery, we have candidly expressed that opinion; and when we have been admitted to the full confidence of our patient, and they have imparted to us their mental trouble, they have invariably expressed the great relief which they have experienced; and by the aid of such judicious advice as we were able to impart, and by a proper exhibition of feeling and sympathy for them, and by presenting to their minds a hopeful result of their troubles, we have found medical agents act kindly, and recuperation go on effectually.

We do not propose to go much into detail by way of illustrating this part of our subject, hence we will present you but two or three cases in our own practice. A gentleman called to consult us concerning his wife, but without her knowledge. She was a lady about 48 years of age, who, the husband said, had within the last six months become exceedingly reticent in her manners, whose general appearance had evidently changed, and who seemed laboring under a state of settled melancholy. She took no part in those pastimes and conversations which had formerly so interested her, and the husband, as well as all her friends, had become alarmed at her condition. Although she had hitherto refused to see any medical adviser, yet it was at length successfully arranged, and she consented to receive a visit.

We found our patient difficult of approach, still by following a judicious course, we succeeded in securing her confidence, after which, access to that secret trouble which was undermining her health, was easily gained. Suffice it to say that she had settled down into the belief that she was a victim of cancer. This fear, which terrified her mind by day, and haunted her dreams by night, preyed upon her health and spirits to such an extent, as to throw her into this state of gloom and mental depression, from which the unweary kindness and sympathy of her husband and family, were insufficient to arouse her. Let it not be supposed that her condition was the result of imagination wholly, for it was not. She had symptoms which

somewhat justified her fear.

When we could assure her that she had no cancer, which in our judgment was true, she received the intelligence with cheerful surprise; we asked her if she would faithfully follow a few simple directions that we would give her, at the same time assuring her that she would soon find herself much improved. She consented; we gave her such remedies as would tone and build up her system, but directing our principal treatment to the mind. We are happy to say that the lady was ultimately restored to her family in the re-possession of her former health and cheerfulness; we are also happy to add that the lady still lives and without any cancer.

Another case was that of a young man who was affected with a cough, teased with pains shooting up into his chest and shoulders, body emaciated, night sweats, and other unpleasant symptoms not necessary to enumerate. After a careful investigation of his case we told him we were ready to report. "Well, doctor," said he, "I am fully sensible what your report will be, I know I have consumption; I have been convinced of it these three months; I have arranged the few worldly affairs that require my attention and now only await my death, which must surely come," We replied, "When you say that your death will surely come you speak truly, but let us qualify the expression; that death will not come from your present condition we are fully convinced. In short, you have chronic liver complaint and not consumption." We began to explain to him the strong resemblance between some of the symptoms of the two diseases. As we talked he listened with intense interest, at times his countenance lighted up with the beams of hope as fear and mental depression departed, and he left us a happier and more cheerful man than when we met. We will only add here that this young man's disease was aggravated by mental depression, and that it subsequently yielded to proper remedies so soon as the mind had been brought into that healthy condition of action wherein it could aid in the cure. When we last heard of this patient he was in a healthy condition bodily any mentally.

May we crave your patience while we relate one more case. It was that of a young lady of 17 years of age, a brunette, nervous in temperament and possessing a very active mind. She had been troubled for a long time, so her mother said, with severe palpitations of the heart, complained of great fatigue and heart-beatings when going up stairs, would sometimes be roused from her sleep in the night by a sense of suffocation, when she awoke in great fear that she was about to die, which would be followed by palpitation

of the heart that could almost be heard. The young miss was confirmed in her belief that she had a heart disease, as some of her friends and a doctor had told her so, and that she was liable to sudden death. A fear in regard to sudden death haunted her mind and so depressed her that she denied herself all exercise, excused herself to the visits of friends, and kept her house lest she should die suddenly when away from home. To close this case briefly, let us say that this too was a case of chronic liver difficulty, in which the heart was only functionally but not organically affected. When convinced of the fact she became cheerful, went abroad for exercise, visited her friends, and under treatment entirely recovered. At the age of 20 she entered the marriage relation, at about 22 became a happy mother, and physically and mentally gave promise of health and life.

We trust that in presenting these professional experiences, simply by way of illustrating our subject, we have done so with a proper degree of modesty. We neither claim nor possess any superior skill in the treatment of these cases; we only claim to have looked for, and found the cause of these diseases, which could not have been found by any *superficial* observation. Now the question comes, is there or is there not a principle involved in this matter? Does the mind exert an influence sufficiently powerful to affect favorably, and thereby advance, or unfavorably, and thereby retard the recuperative process?

If these positions taken by us are correct,—if they are founded in true science and philosophy, can we rationally expect cures in such cases from medicine alone?

Is it not essential that the physician should make himself familiar with mental as well as with physical laws? Nay, is he qualified to practice without such knowledge?

Will he not find cases, and those, perhaps, not a few, where it is not only essential to administer curative agents to the body, but also where, at the same time he will be required to “minister to a mind diseased?”

Finally, in the words of another, touching the influence of the mind over the body, he says, “whether we consider the common distinction of mind and body as an union, or as a modified existance, no philosopher denies that a reciprocal action takes place between our moral and physical condition. If we are not able to explain the why and the wherefore of this reciprocal action, the effects are obvious. The tenant and the house appear to be so inseparable, that in striking at any part of the building, you inevitably reach the dweller. If the mind is disordered, we may often look for its seat in

some corporeal derangement. Often are our thoughts disturbed by a strange irritability, for which we do not even pretend to account."

"Our imagination is most active when our stomach is not overloaded; in spring than in winter; in solitude than amidst company; and in an obscured light than in the blaze and heat of the noon. In all these cases the body is evidently acted on, and re-acts on the mind."

Our domestic happiness sometimes depends on the state of our biliary and digestive organs, and the little disturbances of conjugal life may be more efficaciously cured by the physician than by the moralist. A physician related the case of "a lady with a disordered mind, who resolved on death, and swallowed a large amount of laudanum. She closed her curtains, took a farewell of her attendants, and flattered herself she would never awake from her sleep. In the morning however she awoke in much suffering. By the usual means she was relieved of the remaining poison, and not only recovered her life, but what is more extraordinary, her perfect senses. The physician conjectured that it was the influence of her disordered mind over her body which prevented the large dose of laudanum from causing death." Here we have the reciprocal action of the body upon the mind.

By altering the state of the body, we are changing that of the mind, whenever the defects of the mind depend on those of the organization. The mind is disturbed or excited, independent of its volition, by the mechanical impulses of the body. The state of the body often indicates the state of the mind. Insanity itself often results from some disorder in the human machine. Camus says "we may safely consider some infirmities and passions of the mind as diseases, and could they be treated as we do the bodily ones, to which they bear an affinity, this would be the great triumph of morals and medicine." This simply means the operating on the mind by means of the body.

Thus by reading, we learn that one philosopher discovers the analogies of the mind with the body, and another of the body with the mind. And can we do otherwise than admit that such analogy exists. In this mutual intercourse of body and mind the superior is often governed by the inferior.

The whole subject is mysterious in its nature, and the reciprocal influence of mind over the body cannot perhaps, be accounted for. The results are plain to be seen, while the peculiar method by which these results are produced, may not be so easily explained.

Thus we have endeavored to present the reciprocal influence of body and

mind from a medical stand-point, but not in so clear and orderly a manner as we desired. We have endeavored to illustrate our subject by some cases in professional experience. We know it is a great subject to grapple with, and one in which we could not reasonably hope for but partial success. It is a great and important subject, and commends itself to the consideration of every reflecting physician.

ECLECTICISM.

The rapidity with which Eclecticism has spread, and is now spreading, is a somewhat remarkable fact, and calls for great caution upon the part of all who are legitimately enrolled in its ranks of practitioners. As a school it has become firmly established, and its legitimacy has become everywhere acknowledged. Physicians, not of our own school, have consented to examine its merits, and have become so far convinced that "some good may come out of Nazareth," that, although they may not have openly adopted either its theories or its medicines, still they have ceased their opposition to it, which certainly betrays upon their part a degree of candor and honesty worthy the highest commendation. Others, again, have not only assented to some of our medical propositions but have consented to use some of our remedies, and have found them efficacious in the diseases where their use was recommended. Such honorable dealing is worthy the members of a liberal profession, and will soften down the asperities which have hitherto at times been too prominent.

It should be known,, not only to our friends but also to our enemies if we have any, that we have our standards up to which all must come who desire to enter our ranks. We do not indorse, nor in any way countenance, persons who claim to be Eclectics and parade themselves before the community as such, but only those who have complied with statute laws and enrolled themselves in some State society. As there is now no law in Massachusetts to protect either us or the public against such professed Eclectics, we can only throw around the profession such safeguards as we are able by declaring to the members of other schools, and to the public in general, that we neither sympathize nor associate with such pretenders. As the "Old School"

and the "Homœopathists are not responsible for the claim of those who profess to belong to their school and are not legitimate according to their rules and regulations, it would be unfair in the community to hold either of these schools responsible for the acts of such practitioners, as it would be equally unfair to hold the Eclectic school responsible for the acts of unrecognized practitioners who call themselves by our name. Surely the well-informed members of every community will do neither school so great an injustice.

The question that particularly concerns us as a school of Eclectics is how shall our permanency be secured? We answer by elevating the standard of requirements to the highest point. All our colleges must attain and retain high ground. Students should be thoroughly educated and all the requirements of statute law should be sacredly observed.

Our colleges should seek for professors, men of thorough literary and medical attainments and of sound moral character. Such *only* should occupy our chairs and such, so far as we are at present informed, is the character of the men who are engaged in imparting instruction in our schools. It is better to graduate five qualified men from any college of medicine than twenty partially, or imperfectly educated persons, who go stumbling along in their medical career, an injury to the system in which they graduated, a dishonor to the profession and a dangerous element in any community where they may exercise their function.

The principles that we contend for are a suitable academic education prior to entering upon the study of medicine; instruction under a competent preceptor; three full years of medical study, including at least two full courses of medical lectures, and then graduation if the applicant comes up to the required standard. To require more than this would be useless—to require less would be injustice to our school of medicine, to the profession at large and to the public.

ABOUT BABIES.

By H. G. B.

IN our efforts to make comfortable the lives of the adult portion of community it is well that we do not overlook the necessities of that large class which, although small in stature fill a large space, if not in the world at least in the maternal heart, and who at all events, whether neglected or not, are bound to make themselves heard amid the noise and din of life's battle.

A baby is one of the most interesting objects in nature. Coming into the world in a state of helplessness, destitute of the means of making its wants known, it not only has a large claim upon the care and sympathy of its elders, but it becomes at the same time an interesting object of study to all those to whose professional care and oversight they are committed.

The infant brings into the world with it a peculiar language—an unconscious language of signs—which must be carefully studied in order to be understood; and it is through the agency of this language that the physician acquaints himself with the ailments of the infant, and one physician is more successful than another in treating the difficulties in proportion as he more thoroughly acquaints himself with the significance of this unspoken language.

Nursing seems to be the natural employment of the infant, and this, therefore, is the first business to which its attention is directed. It need hardly be said that the mother's milk is the natural food of the child, and that in most cases the infant takes to it as if by natural instinct.

There has been, and is now, a difference of opinion as to when the infant should be put to the breast. Some have denied them such privilege until the third day, but for what reason we were never fully satisfied. When the mother has passed safely through her confinement and has been made in all respects comfortable as to her person, we think it good practice to place the child at the breast. All things being equal the infant will appreciate the

favor and manifest its enjoyment of the privilege. But sometimes we find that the infant will take hold unwillingly and almost force has to be used to make it nurse at all. This may continue for the first month, and in such cases there is a cause for it and we should endeavor to ascertain what it is. An instance will illustrate the case. Recently a lady in her third confinement has a history a little remarkable. When confined the first time her child, which was small, lived but about an hour; she got up well and had no trouble in drying up her milk. In her second confinement she bore twins, but they did not survive the day of their birth. From this confinement she also recovered without any trouble.

In her third confinement she had a comfortable though not very quick time, and was safely delivered of an apparently healthy but small child, it weighing five pounds. She got up well, had a copious supply of milk, but the manner in which the babe nursed was not at all satisfactory. At the end of the first month the child weighed no more than at birth, and grew daily less and less willing to take the breast. We was at a loss to know why the babe refused its natural nourishment, when the supply was so abundant as to be continually running from the fount, and we set ourself about the work of solving the mystery. We took a portion of the milk and tested it thoroughly and it presented every mark of being good and healthy milk. Still the babe rejected it. What was the cause? Thus we argued to ourself: This lady has borne three children but has never before been a nursing mother, and although her milk presents all the peculiar characteristics of good milk, still there may be some peculiar element in it which, although it escape observation, is detected by the child. At all events so we reasoned and practiced accordingly. We put the child upon pure condensed milk with an addition of Pepsin to each bottle, and the start that the child took on the road to improvement was remarkable. It has continued up to the present time to thrive and prosper and is in a comparatively perfect state of health.

A more recent case will illustrate this point still further. The patient in this case was a lady whose previous health was not good, but she bore this, her first confinement with great fortitude, though suffering much in giving birth to twins, and the labor was rendered more painful by the unfavorable presentation.

The mother was safely delivered of twins aggregating about thirteen pounds. According to our custom the children were placed early at the breast, but did not seem very strongly inclined to nurse. At the proper

time the mother had an abundant supply of milk, but the twins seemed dissatisfied with it, and after testing it as in the other case, recourse was had to condensed milk and the bottle, without Pepsin, and to the credit of the twins be it said, they took hold with a zeal worthy the cause and gave the best evidence of growth and improvement. Neither the mother or twins have seen a sick hour since the confinement, and all three are upon the high road of physical prosperity.

With regard to the temperature of the water used in the ablution of infants in the early months, we differ in opinion with some of the profession. Some physicians and some writers say use cold water. We are utterly opposed to it and never allow it when we are in charge. For the first month at least we advise warm water, after which it should be tepid, and still later (if in the summer season) cool water, but during the winter months we always use warm water. If there are any truly philosophical or scientific arguments for the use of cold water in the ablution of young and tender infants we have not seen them.

Infants should have air. Some nurses are famous for enveloping babes in three or four folds of woollen blankets, and at the same time covering their heads to the exclusion of all air. We believe this to be detrimental, for it can be no more healthy for a child than it is for an adult to lie with their heads covered in this manner, forced to breathe the exhalations from their own bodies, with no admixture of outside air.

Children will sometimes cry without any apparent cause, and the nurse will say that "they cry from colic," when there is really some other cause. We were once sent for to see an infant whose frequent crying led the mother to believe that her child was suffering from colic. On taking the infant in our arms we found on examination that the child's feet, although covered with woollen socks, were as cold as a stone. We sat down, holding the child's feet to the fire, when in a few minutes it ceased its crying and fell into a profound sleep. This led us to believe what we in many instances subsequently found to be true, that children oftentimes cry because they are suffering from cold feet.

An important aid to the health and growth of the infant is sleep. We mean that which nature gives, not that produced by sedatives such as Godfrey's Cordial, Soothing Syrups, Paregoric, or any other agent used to induce sleep. The use of these we deprecate in toto. They are generally an injury to the child and are of little use beyond ministering to the ease and comfort of a lazy nurse or mother. Natural sleep is highly beneficial to the infant.

Babies can hardly sleep too long, and mothers and nurses should be instructed to let nature take care of itself, and never wake them up because they think they have slept long enough.

Some mothers have been heard to express great regrets because when their infants are born they are sometimes jaundiced, as they call it, or quite yellow. In our own experience we have found that this evil, if it is an evil, cures itself in due course of time. We have generally noticed that this state of things has indicated the fact that the infant possesses a remarkably delicate and fair complexion, which we have seen developed as they advanced in their babyhood. If this is so the cases must be rare in which any medical interference is required.

Among the infantile ailments we have sore mouth, called also canker, and we have seen in some cases the extension of this difficulty through the intestinal tube to present itself externally at the anus. For this trouble we have found no better remedy than Pulv. Rhei, iii. grains and Calcined Magnesia xviii. grains, mixed and divided into six powders, of which give one powder daily, or be governed by the effect produced upon the bowels. If too active place the doses further apart. This has always been successful with us. For a local application to the mouth we have found nothing better than borax and honey, or swabbing the mouth with a tea made of Marsh-Rosemary leaves.

One of the most perplexing of infantile ailments is what is called the snuffles. They most essentially interfere with their powers of suction, and not unfrequently they prove sufficiently troublesome to prevent their nursing entirely. We have always found the Oil of Sweet Almonds a panacea for this trouble, for by merely greasing thoroughly the bridge of the nose with it the relief that usually follows is almost instantaneous, and on the return of the difficulty, if it does return, the remedy does not lose its efficacy on repetition.

Excoriation is another affliction to which infants are exposed, and the soreness arising from it is sometimes so severe as to keep the child in a perpetual fret. Our custom has been to have the parts frequently washed with cold water and powdered freely with the ordinary flesh powder or with Bismuth. If very sore and the skin is broken we use the camphor ointment of the shops, which always proves both soothing and healing.

Another plague of infantile life is what is called colic, or gripes. The suffering from this cause is often intense and calls for prompt aid. The best remedy we have found for this difficulty is small doses of Calcined Magnesia,

and rubbing the bowels with brandy. These usually afford relief in a short space of time.

Nearly allied to this ailment is the suffering that infants experience from wind in the stomach. For this we know of no more certain relief than Catnip tea, into which is put a small portion of Aniseed Cordial, or as a substitute for both, a tea made direct from the Aniseed. Either one of these preparations almost invariably affords relief.

Hiccup is another of the difficulties experienced by infants. Various remedies for this have been suggested, but we have never found anything succeed so well as a pinch of powdered white sugar placed upon the tongue. Soon after this is swallowed the trouble generally subsides.

Infants are sometimes troubled with a looseness of the bowels, which frequently leads the mother to apprehend danger. In such cases we have used the powder of Rheubarb and Magnesia in small doses, and also the Neutralizing Cordial, both of which have worked well.

Sore eyes is another trouble with which infants are sometimes affected and in some instances the difficulty proves obstinate. Some authors say use lead wash, but we are opposed to that agent. We have found warm milk, milk and water and rose water, either one of them sometimes effectual, and it is very certain that there is no danger attending their use.

Thus we have barely touched upon some of the difficulties to which babyhood is heir, and have suggested some of the simplest remedies applicable to the different conditions. In drawing these remarks to a close we have a word to say touching exercise for infants.

The baby carriage is one of the happiest contrivances we possess for imparting exercise to the little ones. When these carriages are under the control of the parents all may go well, but when entrusted to the supervision of the nursery maid—heaven have mercy on the babies. We have seen these little helpless ones drawn through our streets or parks with the full force of the blazing sun playing down upon their delicate and unprotected eyes, in power sufficient to cause blindness, or at least to produce effects which will be apparent in after-life. Again we have seen them left in their carriages unprotected by additional covering, with a strong cold wind blowing upon them, while she who should have been the infant's protector, was gossiping with her companion nursery maids, entirely heedless of the little being committed to her charge.

What can parents be thinking of when they commit the care of their tender offspring to such heedless and irresponsible persons? They must not

be surprised if diseases develop themselves for which the medical adviser is unable to account, and they be called to mourn the loss of infants placed in a premature grave.

We have only enumerated some of the more prominent evils attending the relinquishment by parents of the care of these infants to the hands of irresponsible, and sometimes almost heartless servant-girls. There are other evils that exist which might and ought to be spoken of did space admit. We have only begun a subject which could be beneficially extended. As our babies cannot speak for themselves it is but just that some one should speak for them, and it is to be hoped that these few thoughts, intended more especially for mothers and nurses, may have a tendency to alleviate the unnecessary sufferings of which too many babies are the victims.

MILK IN DISEASE.

By the Editor.

The use of milk in disease has been but recently incorporated into medical treatment. A few years ago whoever should have proposed to administer milk to his sick patient, would have done so at the risk of his professional reputation, and would have been considered an unsafe person to have been trusted with the care of the sick. But time and experience work changes in the opinions of men, and now, some of the best and most skilful men in the profession have changed their views in regard to the use of milk in disease.

It is now looked upon with confidence, and by many is considered a valuable agent in the list of curables. It has been endorsed by medical men whose opinions it is safe to accept, and whose practice it is safe to follow. When given warm, it is declared to be a specific in diarrhoea. A pint every four hours, it is affirmed, will check the most violent diarrhoea, incipient cholera, and dysentery. In typhoid fever it is pronounced invaluable; it nourishes and cools the body, and Dr. Yale says "we believe that milk nourishes in fever, promotes sleep, wards off delirium, soothes the intestines, and, in fine, is the *sine qua non* in typhoid fever." This gentleman also

adds, "in scarlet fever give all the milk the patient will take, even during the period of greatest fever; it keeps up the strength of the patient, acts well upon the stomach, and is in every way a blessed thing in sickness."

The best authorities in this matter say that the milk should never be boiled, as that unfits it for use. And to this may be very properly added, use cow's milk,—not railroad milk, or chalk and water, or any other of the vile compounds too frequently imposed upon the public, but pure milk directly from the cow.

Dr. Richardson says that "warm milk has proved the safest and most satisfactory treatment in dealing with hemorrhages." It was recently stated in a London journal, on the authority of Dr. Benjamin Clark, "that in the East Indies warm milk is used to a great extent as a specific for diarrhœa. The milk should only be heated, never boiled; he thinks he has tried fifty cases and has never failed in curing the disease in from six to twelve hours."

Another physician communicates a statement wherein he affirms that "in twenty-six cases of typhoid fever the great value of this agent was apparent."

The advantages of milk in those diseases which have ænemia and general debility in their course have been extolled by various writers, especially by Yocholiers and LeClerc. Dr. Clavel, through the *Therapeutic Review*, in his turn reported favorably on milk in chronic dysentery. The milk by its nutritive properties effectually combats the ænemia and general debility. Whenever it might chance to disagree with the stomach, and the instances are extremely rare, it can be administered with a small quantity of lime water.

Prof. Thompson in speaking of milk in the treatment of typhoid fever says, "as to nutritive value there is nothing absent from milk which the system needs, while in all our sick-room preparations there are invariably some deficiencies, and generally of what is essential to continued life. Milk has been aptly defined as fluid flesh and bones together; still better may we add soluble nervous matter, for it is the nervous tissue which grows fastest and most at the age when milk alone is the diet. I have never yet met with a typhoid fever patient who could not take milk. I have had patients take as much as six quarts in twenty-four hours of milk and lime water for days together, and in this form I have never found it to increase the diarrhœa, but rather the opposite."

The evidence here collected in regard to the utility and safety of the administration of milk seems very conclusive, and would naturally tend to increase our confidence in its merits as an agent of cure. Still it is barely possible that its use may be pushed too far, if cases should chance to occur where the peculiar idiosyncrasy would rebel against it. In such cases, of course, the judgment of the physician would indicate to him his proper action. All persons cannot take milk, even if combined with lime water, but still this fact does not detract from the merit of the agent in admissible cases, and in such diseases as have been testified to above the milk deserves a fair and faithful trial.

HYDROPHOBIA.

The agents used in the treatment of this malady are quite numerous. Dunglison affirms that the most important part of the treatment is prophylactic. Watson recommends full doses of opium. Dr. Marshall Hall commends Hydrocyanic Acid in combination with tracheotomy. Some trust to Nitrate of Silver as a caustic, while others trust only to the knife. Dr. Abernethy was despairing of any treatment being successful. Dr. Spaulding thought that he had found a remedy in scutellaria, but his many failures destroyed his confidence in it. One writer, whose name is forgotten, says, "Use Spirits of Hartshorn by constantly bathing the wound with it, and take three or four doses inwardly, properly diluted." Another recommends Chrystals of Nitrate of Silver rubbed into the bite, and thinks it far preferable to the stick caustic.

In a malady so desperate these remedies are worthy of a trial.

ELECTRICITY.

It is surprising sometimes how great things will prove to be the results of small causes.

The term electricity is derived from the Greek word "elektron," which means amber, and it was in consequence of rubbing this substance that the existence was first discovered of that subtle fluid which appears to be diffused throughout all nature, either in a latent or active state, according to circumstances.

We who have watched its course in the heavens in its active state, have seen it leaping from cloud to cloud, gathering additional force and power, as exhibited in the vividness of the resulting flash and the tremendous intonations of the thunder, then leaping downward upon the earth at a bound, carrying in its track devastation and death.

But science has contributed somewhat in directing the path of this "fiery untamed steed," so that his goings forth have been rendered somewhat less destructive, and this subtle fluid is now drawn from mechanical structures and made subservient to the will of man.

Some years ago Sir James Murray wrote a treatise concerning Electricity as a cause of cholera and other epidemics. In this treatise he scarcely recognized malaria at all, and endeavored to demonstrate that noxious emanations are disturbed by electro-galvanic currents and accumulations, sometimes positive, sometimes negative, causing a want of electrical equilibrium in human bodies. He urges the closing of burial yards in cities and populous places. He says "when the organic elements of dead animals are resolving into kindred dust, that the decomposing mass acts as a feeder for a vast display of galvanic actions in the moist grave, as certainly as an acid liquor sets loose a flood of electric fluid in a galvanic battery. As an untoward generation of disturbed electric agency is constantly at work in the continuous cauldron of dissolving graves, its action must be felt by the living in proportion to the vicinity and intensity of the galvanic disturbance."

When we call to our recollection the fact that epidemics have arisen among us which we could only theorize upon, but could not trace to any probable cause,—and since medical men have been convinced by facts that

diphtheria and similar destructive epidemics have occurred upon high and airy grounds, where ventilation and sewerage were comparatively perfect, and where the first occurring case never had contact with another case,—when we take these things, which are proven facts, into consideration, there may be more truth than poetry in the theory advanced by Sir James Murray. It would be a pleasure to get hold of that little book from the fact that it contains cases and experiments by which the author claims to back up his theory.

After this digression, which we could hardly avoid, we will return to the subject, which is the benefits of Electricity as a medical agent.

Years ago, within a period fresh in our remembrance, the electric machine was used more as a plaything than otherwise, to afford amusement to those who considered it good fun to take a shock. The instrument itself was in the hands of unprofessional and unscientific men, who knew nothing beyond drawing a spark or giving a shock. But those days of ignorance are passed, electricity is a bona-fide science, and as such has fallen within the scope of medical practice. The efficacy of electricity in the cure of several diseases, and in the relief perhaps of many more, has been supported by highly respected authorities. Especially has it been recommended in paralytic affections. It considerably augments the circulation of the blood and excites the absorbents.

In Amaurosis it has sometimes proved serviceable by taking the spark or by giving gentle shocks.

In Chorea it is recommended as having been quite useful. Dr. Bird reports its use in thirty-six cases, of which twenty-nine were cured and five relieved.

Its use is recommended in resuscitating drowned persons and those asphyxiated from other causes, experience having proved it to be one of the most powerful stimuli yet known, and capable of exciting contractions in the heart and other muscles of the body after every other stimulus had ceased to produce the least effect. This fact seems to indicate that this agent should be used after all other means fail.

In palsy Dr. Watson says, "electricity and strychnia are the remedies most to be relied upon."

In paralysis of the hands, as in lead palsy, Dr. Bird employs electricity in the form of sparks drawn from the spine, so as to exert its influence over the origin of the spinal nerves, forming the axillary plexies. And it is added, in cases where the general health is not much deranged, the use of

electricity over the spine, and drawing a few sparks occasionally from the paralyzed extensor muscles of the wrist and hand, with the exhibition of an occasional laxative was generally remarkably successful.

In senile trembling it would doubtless prove useful, and has been advised.

In atonic cases of menorrhagia, direct stimulus of the uterus by means of electricity is thought to be advantageous.

Its use is also recommended in chronic rheumatism.

It has been advised also in cases of obstinate constipation. It is remarked by one writer on this subject that when electricity is employed for the relief of obstinate constipation, it must be conducted through the rectum, care being taken to employ it gently but repeatedly, the object being rather to restore the action of the bowel by small but successive doses of stimulus instead of attempting to dislodge the impacted contents by one powerful application of the current. It may be easily applied by passing a copper wire with a button on the distal extremity through a rectum tube, the excitor of the other wire being applied to the abdominal walls.

In regard to the use of electricity in intermittent fever, Dr. Schroder of St. Petersburg reports 42 cases treated by the Faradic current. Many of these cases had stubbornly resisted all forms of medication. Quinine would of course interrupt the regularity of recurrence, but neither quinine nor arsenic would reduce the splenic enlargement, nor prevent relapse. One electrode was kept over the left hypochondrium, while the other was moved up and down over the splenic region. From eight to fourteen applications usually sufficed to effect a perfect cure, even without any administration of quinine. Of the 42 cases only two suffered relapses, and only one failed to be entirely cured.

Dr. Rockwell recommends electricity in Neuralgia, and says, "I find the effects of pressure are exceedingly useful. I would not lay it down as a law, but it will be found in the great majority of cases of neuralgia that when firm pressure over the affected nerves aggravates the pain, electricity is indicated, as the current has the greater power to relieve when such pressure does not cause an increase of pain.

Electricity has been recommended in the treatment of cancer, and a writer in one of the medical publications of this country expresses the opinion that electricity may, in good hands, become one of the most powerful therapeutic agents in the dispersion of cancerous formations. When cellular hypertrophy takes place in localities favorable to the development of epithelial disease, frictional electricity might be employed for the purpose

of destroying the morbid cells, whether in their incipient or advanced stages of progression.

As to electricity in Amenorrhœa, Dr. Bird considers this agent the only direct emmenagogue we possess, and that it always excites menstruation where the uterus is capable of performing that function. Electricity is especially valuable as an emmenagogue in young women where the menstrual function has not yet been fully established in consequence of a torpid state of the vaso-motor nerves of the ovaries and uterus, and also when the discharge has been suppressed after labor, or in consequence of a chill or emotion.

M. J. Glax, in the "Dutch Archives of Clinical Medicine," reports the effects of faradization of the abdominal muscles in promoting the absorption of ascites and increasing the excretion of urine, which seems almost marvellous. In the five observations made under this simple treatment the quantity of urine increased in two to three days, or rather on the same day, from 200 to 3000 grammes, from 70 to 800 grammes, from 2000 to 2400 grammes respectively. The method, he says, consists in making all the muscles of the abdomen contract under the influence of feeble Faradic currents. The sittings lasted from forty to fifty minutes.

It is asserted that vascular growths such as nævus, papillary growths and molluscum, may be destroyed by passing through them an electric current for a length of time varying with the size of the growth and strength of the current. The negative pole is to be applied to the growth whilst the positive pole may be applied to some neighboring part.

In a case of nævus, it is stated by way of illustration, a needle was passed into the right half of the tumor and connected with the negative pole, the current was allowed to pass for two minutes, after which the needle was withdrawn. The right half of the tumor appeared shrunk and shrivelled up. Subsequently the other half was similarly treated and the whole tumor was completely obliterated.

We saw a report, which we copied at the time, of a case of purpura hemorrhagica, which had resisted all internal medication but finally yielded to the electric current. The first week three applications were made, and after this two a week. The current was at first mild and the strength was increased at each visit. The result was gratifying. The circulation in the lower extremities improved perceptibly and the color of the body became more natural. The treatment was continued twice a week for six months and the electricity worked a cure.

Dr. William B. Brown of Pennsylvania says electricity works wonders in removing tumors, etc., and he seems to speak from experience, and further says that while he does not undervalue medicines, he believes electricity is too little valued by physicians generally. He reports a case of a large goitrous tumor filling the left side of the neck, extending up to the ear and far down on the breast. It commenced four or five years previous and gradually grew. He used electricity after the manner described in his report and the tumor disappeared, and the patient was restored to health.

Thus far we perceive the benefits that have been derived from electricity and to what extent medical electricity may be carried, and how serviceable it may yet prove in the cure of disease it is not possible, perhaps, to anticipate. To see the advances that have already been made in its application to disease, and also wherein it has been made subservient to the various purposes in life, it is only necessary to note its past history and mark its progress.

The first idea of electricity was given by one Ottoguericke in 1467, by using two globes made of brimstone. The idea must have been of course crude, and many years elapsed before men had anything like correct notions concerning this wonderful and yet sleeping power. But it was sufficient that an idea had been started, and that proved enough to set at work the ingenious minds of the men of the age.

Dr. Halley constructed and brought forth in 1701 the first magnetic chart, though this perhaps pertained more especially to astronomy, a science in which he was deeply engaged. Magnetic attraction and repulsion, the directions of the magnetic and electric forces, could not but have been subjects of great importance to him in the vast and mighty explorations he was making in a science, the results of whose experiments were always the cause of the profoundest wonder in the minds of the thinking men of his time.

Other scientific minds were awakened and at this time, 1708, Wall of England was conducting a series of experiments, and successful ones too, in electricity, in which he noticed its resemblance to thunder and lightning. By means of his experiments much hidden truth was brought to the surface, and others entered the field of investigation, and from the amount of information which was gained from all sources, electricity in the year 1742 became greatly improved and in a measure systematized.

At the same time that this was being done Dr. Graham of London discovered the daily variations of the needle, and from so much of the science

as had been developed he was probably enabled to account for these variations.

The next development in electricity was the discovery by Von Kleist in Germany, in 1745, of the Leyden jar, and at the same time Cuneus of Leyden discovered the electric shock connected with the jar.

But even now the knowledge of electricity was in its infancy. A sleeping power had been discovered but as yet it was not fully aroused. A knowledge of the electric current had been sufficiently diffused to awaken curiosity, and some of the scientific minds in Leipzig, in Germany, instituted experiments with the electric telegraph. This was in 1746, and the next year the sagacious Dr. Franklin appeared upon the field and began a series of experiments which are familiar to all. The success of these experiments aroused public curiosity and interest, and soon after Beccaria of Italy commenced his experiments.

Thus matters progressed until 1767, when the mind of Dr. Priestly of London became interested, and he instituted a series of experiments which proved to be not only very successful but highly advantageous, touching this great and wonderful power.

It was two years after this that some one or more of the keen investigators of this subject discovered the electricity of the Aurora Borealis, and subsequent experiments proved its existence.

In 1781 we find Lavoiser and LaPlace, two French chemists, manifesting very much interest in the subject, which culminated in the commencement and carrying forward of a series of experiments by them, the results of which have already been given to the scientific world.

Enough has been said, perhaps, while passing this subject in review, to show how fast and how far its advancement has been marked. So useful has this electric current become in being made subservient to the comfort and convenience of man, especially here in our own country, that in 1849 there were 16,000 miles of telegraph wires laid and in use in the United States. In 1852 telegraphic communication in Europe was established between England and Ireland, and in 1856 like communication was established between England and America. What has since been effected in this respect is matter of recent history.

These matters touching the application of the electric, the electro-magnetic or the electro-galvanic current, in subserviency to the comforts and conveniences of life, are interesting to us in a general way, and perhaps to

some in a special way, as showing the great advancement made in the science of electricity, but it is in medical electricity that as medical men we are most deeply interested. We have seen, even in the crude and imperfect manner in which the subject has at this time been presented, how much it has effected in its application to disease. What medical electricity is destined to effect in the future who can say? Undoubtedly fresh applications of it will be made in other diseases than those referred to and new and important facts will doubtless be elicited. It is without question a powerful curative agent, and its further investigation and use will probably lead to more enlarged fields of usefulness.



MISCELLANY.



DR. JENNER made the first experiments in vaccination in May, 1791.

GALL NUTS are protuberances on trees created by the puncture of insects, and gallic acid is made from those on the oak.

DIET. The mixed and fanciful diet of man is considered to be the cause of numerous diseases from which animals are exempt.

VERY GOOD treatment for most abscesses is to bring them to suppuration by poultices and then dress them with yellow basilicon ointment.

A FEW drops of nitric acid taken in sweetened water a few times a day, will be found an excellent remedy for the hoarseness of singers.—*Dr. W. H. Griffiths.*

AUTUMN LEAVES. To preserve them, iron with a warm flat-iron which has been rubbed with a little spermaceti. This preserves their form and keeps them nice.

SANGUINARIA. This agent is recommended as a valuable ascharotic applied to ulcers of the legs in aged people; the ichorous discharge soon assumes a healthy appearance and granulations rapidly close the sores.

SAGACITY OF THE DOG. Dr. Gall relates an anecdote of a dog which was taken from Vienna to England, escaped to Dover, got on board a vessel, landed at Calais, and after accompanying a gentleman to Mentz, returned to Vienna.

BED SORES. The London Practitioner says "these are often promptly relieved by a strong solution of nitrate of silver, first washing the sores with soap suds. It sets up a new and most salutary action and the healing process is accelerated."

HYDROPHOBIA. This disease is said to have been known to the Ancients. Galen and Celsus, it is stated, employed cupping-glasses, the vapor

bath and sudden immersion in cold water. Watson recommends full doses of opium. Marshall Hall used hydrocyanic acid combined with tracheotomy.

DR. J. B. CHAGNON recommends, through the *Canada Medical Journal*, citric acid for after-pains, and states that it has never failed in his hands. He gives five grains of the acid in two or three ounces of water, every five hours. It acts as a nervine, he says, and as a preventive of inflammation.

COFFEE. Dr. Mosby, in his treatise on Coffee, observes "that the great use of this article in France is supposed to have abated the prevalence of gravel. In the French colonies, where Coffee is more used than in the English, as well as in Turkey, where it is the principal beverage, not only gout, but the gravel is scarcely known.

DR. POWELL of London recommends the following mixture in any severe cough where the tongue is red, or where the throat is sore; it is to be taken undiluted and slowly: Chloride of Potass, grains 40; Muriate of Morphine, grains 2; Glycerine half an ounce, and Simple Syrup three and a half ounces. The dose is one tea-spoonful three or four times a day.

DISEASE. Disease in the human system is often like a spark of fire in a mass of combustibles, which may be quenched even by a child if taken in time. But, through a little delay, an entire city may be reduced to ashes before the flames can possibly be arrested. So also a little neglect to preserve one's health may be fraught with the most disastrous consequences.—*Dr. Ross.*

WHOOPIING COUGH. Dr. Wilde says in the "*Dutch Archives of Clinical Medicine*," that "he can cure every case of whooping cough within eight days by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a small piece of cloth, folded several times, and wet with a teaspoonful of the following mixture: Ether, 90 parts; chloroform, 30 parts; turpentine, 10 parts."

CAUSE OF INSANITY. Prof. Grindon of England says, "in ascribing lunacy and insanity to diseased brain we must take care not to do so unreservedly. Cases are not unfrequently met with of patients who have been mad for years, and yet whose brains, on dissection after death, present no

appearances different from those of persons who have died in all the vigor of sound health. On the other hand, all morbid appearances of the brain (except those which supervene upon general paralysis), are found as frequently in persons who have died sane as in those who have died mad. The sudden cures of the mad, their temporary restorations, and many other facts, lead to the belief that insanity may be a disease of the blood.

CREOSOTE IN TYPHOID FEVER. M. Morache, a French physician, says, "this disease appears to be due to the introduction of a virus, which doubtless acts as an effusion or a ferment, and that, while theory would suggest the value of an application of creosote, the result of actual practice indicates the propriety of its employment even in preference to carbolic acid, acting as it does upon the ferment and modifying, if not annihilating, the morbid effusion." According to this gentleman, "the action of the creosote produces a diminution of the intensity of the fever, a diminution in the febrile action, and a diminution of the local and general typhoid symptoms, and causes favorable local action upon the digestive functions.

A SINGULAR CASE. The following, bearing date Dec 20, 1880, is taken from the Boston Herald: "A singular case of poisoning arising out of the epizootic is attracting the attention of the medical fraternity at Virgil, Ont., where it is under treatment. George Wilson of that place was suffering from a small sore on one hand and the discharge from his diseased horse's nose was rubbed into the sore. The poison infected his system and his body swelled to an alarming size, while an immense abscess formed in his side, which when opened discharged large quantities of foetid matter. Up to within a few days, although suffering very severely, he seemed to be recovering, but since he has had a relapse and his recovery is now extremely doubtful. His symptoms are a burning sensation all over his body, as if he had been close to a red-hot stove."

ASPHYXIATED BY FOG. The following remarkable case which appeared in the Boston Herald is reported as a fact: London fogs are known to be injurious to health, but are not generally credited with the power of immediately extinguishing life. It seems, however, by the evidence given at an inquest held recently, that their effect is occasionally that of deadly poison. The inquest was on the body of a woman who during a dense fog, attempted to find her way home after paying a visit to a friend. While feeling her way along a street in Barnsbury by the side of another woman for mutual

protection, the fog "got down her throat," and she fell to the ground. A man living in the neighborhood, hearing what had occurred, groped his way to the spot, and tried to restore her with brandy, but, failing in his efforts, with some difficulty got hold of a policeman, and at the police station she was found to be dead. She had, according to the medical evidence, been asphyxiated by the fog.

CONFECTIONS FROM RAGS. The lovers of beautiful confections (?) may possibly have their appetites more decidedly set in their favor by reading the following statement, which is copied from the *Boston Sunday Herald*:

"The manufacture of glucose from rags, the novel industry recently started in Germany, is regarded with much disfavor, and it is understood that the German Government is likely to interfere with the business. The glucose is said to be chemically identical with grape sugar. The process, represented as very cheap, is as follows: Old linen rags, which are composed of hard vegetable fibres, are converted into dextrine by the application of sulphuric acid, and the product thus obtained is then washed with milk of lime. Next it is treated with a stronger solution of the sulphuric acid, when the material is immediately transformed and crystalized into a glucose, from which appetizing jellies and tempting confections are made."

BOY SMOKERS. One of the English medical journals records the observations of a physician who has been investigating with great thoroughness the effect of tobacco smoking on boys. He took for this purpose thirty-eight boys from nine to fifteen years, and carefully examined them. In twenty-seven he discovered injurious traces of the habit. In twenty-two there were various disorders of the circulation and digestion, palpitation of the heart and a more or less taste for strong drink. In twelve of the cases there were frequent bleedings of the nose; ten had disturbed sleep and twelve had slight ulceration of the mucous membrane of the mouth, which disappeared on ceasing the use of tobacco for some days. The doctor treated them all for weakness, but with little effect, until the smoking was discontinued, when health and strength were soon restored.

To the above might be added some other facts which may prove equally important. It is well known that the indigestion referred to in the foregoing article, and which is occasioned by the constant spitting consequent upon smoking, is oftentimes a serious matter to deal with; the paleness of the countenance, and sometimes the emaciation that follows, trouble the physi-

cian very much, from the habit being secretly indulged, and where neither parents or physician suspect the cause. The nervousness which results from the habit, causing oftentimes great disturbance of sleep, is an evil of no small moment, and may lay the foundation of troubles of a more grave character.

SWEATING BLOOD. The following appeared in a recent issue of the Boston Herald: A remarkable case of blood sweating, or *purpura hæmorrhagica*, has occurred in Chicago. The victim of this strange disease is Willie Crawford, a 14-year old boy. Willie was, up to about seven years ago, as healthy and bright as any child ever seen. His appetite was good, and he played hard and slept soundly. One night he woke up, and his mother found him bleeding from the nose. A physician was called, and succeeded in stopping the flow of blood at the nose, but the result was that there appeared upon the patient's body large black patches, from which blood exuded. Blood also flowed from his mouth, eyes, stomach, kidneys and bladder. The first attack passed away, and Willie became apparently as well as ever, but soon after the same flow of blood occurred. The phenomena attending these repeated attacks were most remarkable. At times the blood would issue from every pore in the body in small drops, about the size of a pin's head. A cloth applied to the body would be stained as though drops of blood had been pricked into it. While this blood sweating continued the patient had no pain and very little fever. A remarkable feature of this disease was the appearance on his body of spots of all sizes and of different colors—sometimes they were as black as coal, and at others red or blue. The bleeding made him very weak, and the taste of blood in his mouth caused him to have an aversion to all kinds of food. The worst attack began about three weeks ago, and to-day he is suffering from it. Considerable fever has attended this last attack, and a fatal result is feared. Constant bleeding has made his blood so thin that it is almost colorless, and will scarcely stain a white handkerchief. His gums, mouth and tongue are covered with large blood blisters, and his eyes are very much bloodshot. The attacks of the disease have come on without any apparent cause, and have sometimes been produced, as well as stopped, by sudden excitement. Instances of the occurrence of this disease are very rare.

MEMORANDA

- 1400. A severe epidemic prevailed in England.
- 1401. The plague visited Florence, Italy.
- 1402. The plague in Iceland carried off multitudes.
- 1406. The plague in England is said to have destroyed 30,000 lives.
- 1411. Epidemic dysentery in Bordeaux, France, was very destructive.
- 1422. The plague raged in Poland.
- 1427. The plague prevailed in Dantzick, Prussia.
- 1436. A fatal epidemic prevailed in Venice, Italy.
- 1450. The plague was very destructive in Italy.
- 1460. Engraving on wood said to have been discovered.
- 1460. Dr. Thomas Linacre was born in England.
- 1472. A pestilence raged in several parts of Europe.
- 1473. Copernicus, the astronomer, born in Poland.
- 1477. The plague epidemic in England, destroying many lives.
- 1478. DuBois, the French astronomer, died, aged 77 years.
- 1480. The plague was epidemic in Portugal and many died.
- 1482. A very fatal epidemic invaded Germany.
- 1483. A sweating sickness prevailed in England.
- 1484. The plague at Denmark destroyed half the population.
- 1501. An epidemic caused by famine prevailed in Ireland.
- 1494. The venereal disease is said to have first appeared in Germany.
- 1499. The plague was very destructive in London, Eng.

LITERARY NOTICES.

We have received Nos. 1, 2 and 3 of the Newport Historical Magazine, published by the Newport (R. I.) Historical Publishing Co. It is issued quarterly and is edited by one of the profession, Henry E. Turner, M. D., one of the leading physicians of that city. It is devoted to the history of Newport and the adjacent towns, and will extend its antiquarian researches to other towns in the State of Rhode Island. The literary accomplishments and deep devotion to antiquarian research of Dr. Turner, gives assurance that no labor will be neglected upon his part to make the magazine eminently worthy of public patronage, and we are happy to know that his efforts thus far have been duly appreciated. The terms of the magazine are \$2 a year in advance, very low for a publication of this character. The paper, type and press-work are of the best kind, and the neat appearance of the magazine betokens the taste and ability of the presiding genius of the printing department, John P. Sanborn, Esq., who by the way is the able editor of the Newport Mercury, the oldest newspaper in America. All communications should be addressed Newport Historical Publishing Co., P. O. Box 426, Newport, R. I., R. H. Tilley, Secretary.

"The Specialist and Intelligencer." We have received No. 2, Vol. 1, of this magazine, devoted to medical science. It contains several interesting and instructive medical articles by home writers, besides some translated articles from foreign publications, which are of equal interest to the profession. It is a monthly publication, containing 16 double-columns, price \$1 50 a year, and is edited by Charles W. Dulles, M. D., 1012 Walnut street, Philadelphia.

EDITORIAL NOTES.

ECLECTIC SOCIETIES OF MASSACHUSETTS.

The Massachusetts Eclectic Medical Society, holds its annual meeting in June, and its semi-annual meeting in January.

The Boston District Eclectic Medical Society meets on the second Tuesday of each month.

The Boston Eclectic Gynecological and Obstetrical Society meets on the fourth Tuesday of every other month.

The following are the officers of the Massachusetts Eclectic Medical Society, elected June 3, 1880:

President—JOHN PERRINS, M. D., of Boston.

Vice-President—NATHANIEL JEWETT, M. D., of Ashburnham.

Corresponding Secretary—J. D. YOUNG, M. D., of Lawrence.

Recording Secretary—A. L. CHASE, M. D., of Randolph.

Treasurer—J. W. TOWNE, M. D., of Charlestown.


Librarian—JOHN D. MASON, M. D., of Boston.*

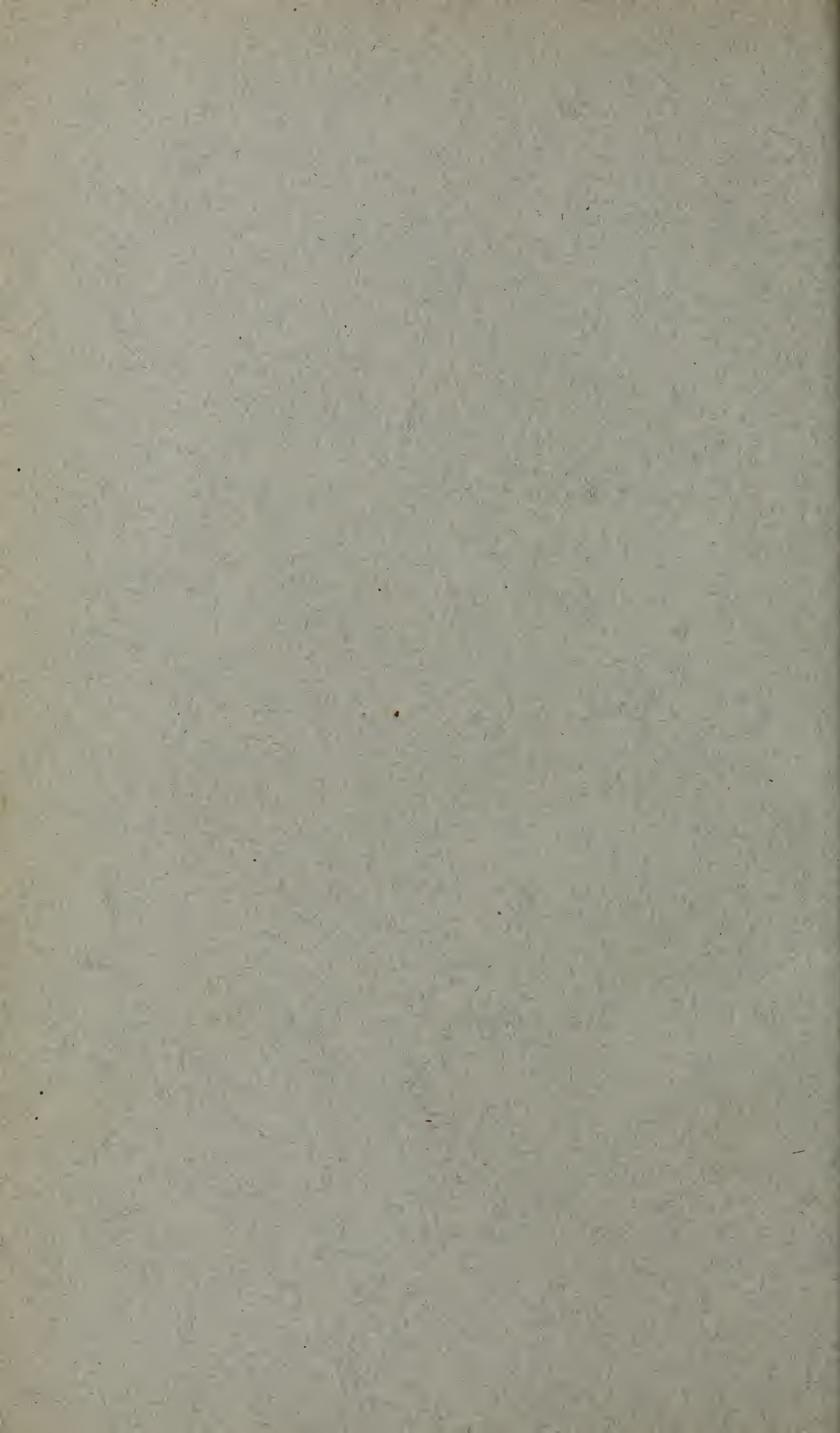
Councillors—DRS. C. E. MILES, G. H. MERKEL, F. L. GERALD, C. LLOYD and JOSEPH JACKSON.

——*Died since his election.

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H. G. BARROWS, M. D.,

(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY.)

EDITOR.

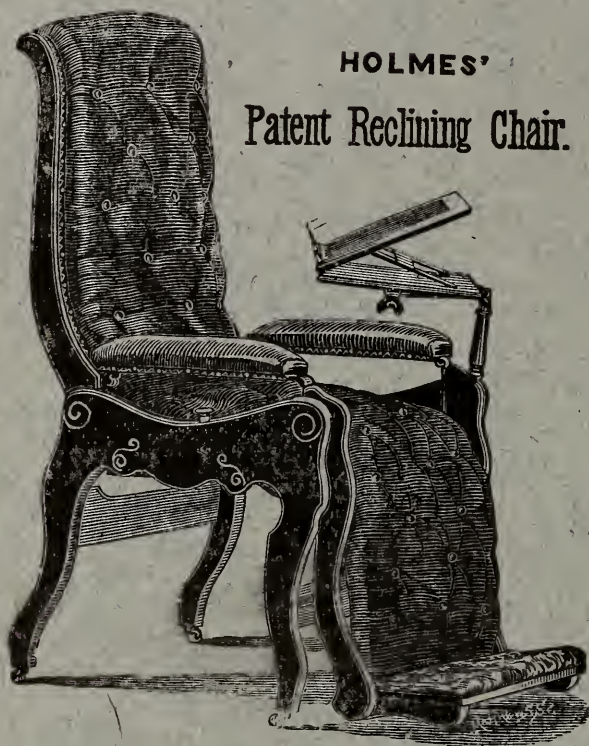
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No. 2.

ABSORPTION.

By William Bailey, M. D., Boston, Mass.

[READ BEFORE THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.]

It is by this function that all substances are taken up into the human body. The inhalation of pure air, the absorption of the sun's rays, the proper ablution with pure water, and the chylication of suitable food supply us with the means of health, while poisonous vapors, narcotic, alcoholic and other blood poisons, induce disease and death.

Absorbent vessels are found distributed upon every mucous tissue, and over the whole surface of the skin. Like so many hungry animals they take up everything coming in contact with them and carry them forward into the circulation, as so many seeds of life or death, or like so many little scavengers they take up much which is repellant to health, and as one has said, they tip out as in wheelbarrows their little burdens down even upon the end of the nose of the intemperate person, or to form an excrescence, perhaps, upon some weakened organ.

According to Wilson and other anatomists, the human blood not only contains water, albumen, fibrin and other animal and coloring matter, into which various substances will become adhered, but it contains also different salts such as

chloride of potassium and sodium, phosphate of lime, sub-carbonate of lime, soda and magnesia, besides oxide of iron and lactate of soda united with animal matter, attracting to it electricity and other healthy influences by which disease is resisted. How far can disease affect the arterial or vital circulation? Will not every element of the life-giving fluid resist disease? Ligature an artery and how soon will nature find new courses for the blood to flow through? Watch the processes of digestion, see how the good and nourishing are separated from excrement, taken up by the absorbent vessels and made to flow through the mesenteric glands to the thoracic duct; so we find every other process of nature is perfect, so that the intelligent physician has a good ground of appeal. We must learn to make a wide distinction between absorption and deposition.

Now the vital question we, as physicians, have to do with is this: Can what is absorbed and deposited be re-absorbed and eliminated? It seems to me the whole theory and practice of medicine must stand or fall on this principle. No one will doubt that a judicious application of water to a hot and feverish skin will allay the most intolerable thirst and prove a source of refreshment and strength to the exhausted and diseased body. It is equally manifest that if a cloth be saturated with a strong decoction of tobacco the vital organs will be so narcotized that the capillary vessels of the skin will absorb the narcotine, which will in some instances prove fatal.

The inunction of quinine and good brandy have proved to be effective in the recovery of many who gave no promise of returning health by ordinary means. So mercurial ointments applied to cure bubos and glandular swellings have caused fistula and made many cripples. Will any one establish the theory that into the arterial circulation no noxious influence can enter only to be resisted and carried along into the venous circulation, there to find a deposition always at the weakest point?

Is it or is it not true that it is within the track of the veins that elements antagonistic to life find lodgment? Besides do not all nutritious elements find a speedy and vigorous absorption into the blood-making and arterial circulation? Have we then in the living organism laws of absorption and appropriation to which we can always appeal? When properly understood have we assurances of success? What means all

the deputary organs of the human body? Do they not serve as channels by which diseased conditions are to be relieved? If so, upon what principle but by absorption? Do not the vital organs take up and eliminate whatever has been deposited? How else do you cure a fever or remove the hypertrophy of a gland?

Suppose some of the chlorides or phosphates of the blood had been taken up by these absorbent vessels and thrown down upon some weak organ, could these depositions be acted upon and taken up by other absorbent vessels, being vitalized by means within reach of the medical man so as to carry them off in natural channels, and health be again restored as at first? Is it not true that nature performs all her own cures? It is with diseased condition with which we have to do.

Our remedial measures are to be brought in contact with disease. Sometimes we are to relax and dislodge morbin accumulations, then to sustain and stimulate the absorbent vessels to take up and carry off the noxious poisons. Some doubt whether anything can be done to cure the sick by medication, trusting entirely to sanitary means and good nursing to effect all the cures. Others rely upon expectant treatment. A large per cent. of those even, who give medicine believe that many more recover without medicine than of those who submit to medical treatment. Every class believe, more or less, in the principle of absorption. Some have no faith in anything but cold or hot water baths; others believes that the liver is the great absorbent organ, and see no other means of cure but by Holman's Liver Pad. Emetics and enemas cover the whole of the therapeutics of not a few; the faith of some in absorption is so fundamental that the Hyperdermic syringe has become a pocket companion; not a few spend a whole life-time in advocating the utility of plasters and liniments. Our principle finds its advocates among those who give internal as well as external remedies. Whether potassa and macrotin scientifically given, or remedies administered by the quack will cure rheumatism, is not the question we would ask now, but if the patient is feeding the disease by keeping up the habitual use of strong acids, and by exposing himself to atmospheric changes which will prove fatal in result. The absorbents within and without will continue their functions. Cease then to fill their mouths with the elements

of disease and give their vessels some suitable antagonizing and neutralizing agents to disengage their tenacious grasp on the white fibrous tissue. Has your patient passed the acute symptoms and his disease become chronic, cease to deplete him by water baths and too relaxing remedies, but warm up the chilled blood and equalize it by electricity and other appropriate remedies, thus making the absorbent vessels relieve the stiffened joints and giving easy play again to the muscles.

If the absorbent vessels can rake up and float along the whole course of arterial and venous circulation, and by some violence done to any gland or organ it is made the receptacle where these injurious elements are retained on account of the incapacity of these enfeebled organs to throw off these elements so productive of disease, are we to give up in despair because the organ may be an internal organ? If it had been a limb broken the surgeon would readjust the bones, apply his splints and keep the patient still, waiting five weeks without a murmur from patient, or any friend of his, until the repair is fully made. Should it be in any way different if there is an internal lesion? Will the absorbents refuse to take up what they have thrown down? What are the facts? Here is a man with an enlarged sick liver, his tongue is swollen so that the print of every tooth is left upon it, it is pale blue in color and covered with a thick white coat; his head is dizzy, his skin the color of saffron. Now what can you do with this man? If you get command of him and his appetite, lay down your rules, call to your aid a judicious use of bi-carbonate of soda, leptandrin and chionanthus, learn just when to add your hydastris and parilla, and how long will it be before your patient's tongue presents a healthful condition, his head become clear and his skin bleached?

Again you have a patient suffering from acute Nephritis; the pain in the back and back of the head becomes intolerable, his eyes feel full of sand or sticks, he begins to be delirious, his feet are cold, both kidneys are so swollen as to become apparent to the eye and touch, his pulse is full and the face is suffused with an excess of blood. You come to his aid, and deal to him in solution, one drop an hour, of the tincture of gelseminum, order his feet kept warm and his head cool. Now you have faith in your remedy and in the law of ab-

sorption, so you are at ease. Soon he cools down and gets some quiet sleep, the first, perhaps, for seventy-two hours; in less than that time you have demonstrated both the power and principle of absorption.

Perhaps your next case is one of bilious colic, the patient has been sick a week, he has vomited continuously but as yet nothing has passed his bowels. the stoppage is complete. He may have had eminent physicians before you, some of whom have made free use of calomel and croton oil, others of the hyperdermic syringe, but you find the case one where absorption by the skin is not sufficient. You relax with lobelia strong enough to reach the stomach, when you not only get vomiting of the vile contents, but empty the whole bowel below the point of lesion; your patient goes into a sweet sleep and awakes cured. Now nourishment is taken and retained, so that although your treatment has reduced the strength, you have brought him into a condition where the restoring influences of sleep and good food will repair the wasted energies.

We might consume your time in sketching numerous other cases of acute disease and applying our principle of absorption as a cure.

The question arises will the same principle become applicable to chronic cases of disease? Chronic means of long duration, whether transmitted or not. If disease of short duration can be overcome as we have argued, why may not disease of long duration? As in acute disease the last stage will sometimes come when it is too late to give healing medicines, so in chronic disease, a condition may arrive when to apply curative means will be abortive. But if the principle of absorption is a true principle, then we must conclude it is as really applicable to a patient whose symptoms develop slowly, as to one where rapidity of procedure characterizes the march of disease. We must bear in mind, however, that while we have the same principle to apply in securing the recovery of the sick, the means used must often be very different. The condition of our patient has gone into a negative state. Our remedies are to be often both new and more energizing.

Such remedies would often increase acute symptoms if existing, and would consequently make our patient worse, for in acute forms of disease one feature, very marked, in the

treatment, is to be laxative, it often being necessary to relax the entire system in some forms of acute disease. But in a negative, chronic condition of the patient we are to rouse tone, stimulate and nourish the entire man. To relieve a sick, weak organ, we are to compel every comparatively healthy organ to work vigorously as the true way to cause the re-absorption of morbid depositions. There are natural channels through which not only all healthy or normal functions eliminate excretions injurious to health, but through which every abnormal deposition, after being taken up, must be removed from the living organism. Thus there are local lesions or congested organs that have to be treated by some special remedy, which will relax the parts involved so as to disengage morbid accumulations, but that remedy must not involve the general system so as to deplete or exhaust the vital energies, but a sustaining treatment must be so vigorously adopted and persisted in, as to make every seemingly healthy organ do faithful service in taking up and carrying off in the proper channels the re-absorbed unhealthy accumulations found to exist in the particular diseased organ.

Besides, many forms of local disease are induced by injuries, or by injurious and injudicious applications, involving sometimes the digestive organs, sometimes overtaxing the nervous system. To illustrate, take the case of one who has been so regardless of the processes of digestion, and ignorant of the laws of life and of the effects of absorption, that everything has been used without proper discrimination, until a morbid appetite is established for things which feed disease. Cases of this kind are occurring continually. Then how many break-downs from over-exertion, so that brain and nervous system by being over-taxed become diseased. Vital organs will take on disease more or less rapidly according to the measure of over-work. If the great nerve centres are weakened, general or local debility will follow. Then how soon will accumulations take place to the serious injury of the over-worked individual. The brain over-wrought leads to nervous prostration, and nervous prostration leads to paralysis, and paralysis leads to death.

Another fruitful source of disease is improper exposure to atmospheric changes. Some endanger health by unsuitable clothing, others expose themselves in a sudden manner, re-

maining too long exposed, thus checking the capillary and perspiratory organs of the skin, so that absorption becomes active in carrying to vital organs the seeds of disease and death. These are a few of the many ways by which the human body becomes involved in disease dangerous and deadly. If man has entered the wrong road he ought to retrace his steps. We have indicated the right road to health. The digestive organs are to be furnished with the proper aliment. The brain and nervous system must not only submit to the law of rest but be given suitable nourishment and healthful stimulation. The skin is not only to be opened and liberated, but restored to a healthful condition and kept so by suitable clothing, pure air and proper ablutions.

The subject of this paper opens too wide a field for one so poorly qualified as the writer to enlarge further upon. Before closing, however, I wish to suggest two means for the cure of chronic disease. First, I would recommend the immediate and continued use of gluten, which is found in the dark part of the cereals, and especially the more common grains of wheat, barley and oats. I would select this to the exclusion of the bran and the starch. The excess of starch found in superfine flour proves one of the principal sources of indigestion and constipation, besides throwing up into the cellular tissue a vast amount of adipose matter so destructive to the vital action of the skin. The hull of grains are also known to be indigestible and often the source of irritation to the stomach and bowels. The cold blast process by which the grains are denuded of the hull is an invaluable discovery, by which we are in possession of "Pearled Wheat" and "Pearled Oats," far superior to cracked wheat and oat-meal, and the cold blast flour furnishes us with bread far better for the health than fine flour bread. The white wheat gluten is exceedingly rich in the beef and the phosphoric elements, and upon this food alone good health may be secured and maintained, and thus very much medicine containing phosphorus becomes unnecessary.

Another suggestion my subject leads me to make is this, that the proper use of electricity will give us grand success in promoting the absorption of morbid depositions and carrying them off through the natural channels. No agency can be employed so potent as this to stimulate to health and cause

the re-absorption of whatever has been thrown down upon the more dependent and weaker parts of the body. We have evidence the most conclusive of this fact, in the freedom secured to the glandular and nervous system; not only do large glandular tumors disappear under this influence, but hard indurated tumors are re-absorbed and dissolved by this powerful agency.

Its power to equalize the circulation is also so effective that many of the greatest sufferers from nervous prostration are fully restored by the use of it. Its toning and sustaining power over the whole nervous system is truly wonderful, and we believe there is no treatment more permanent in its effects than this. Its silent and powerful energy is seen in the promotion of profound and sweet sleep. So important to health is sleep that poets have sung of "Nature's sweet restorer, balmy sleep." To promote this a great variety of drugs are given, and all manner of means are used. Some patients are subjected to long hospital treatment, many are sent to different climates and induced to take shorter or longer sea voyages. Some of these means prove injurious, some doubtful. In some cases it is found that the exhilarating influences of the sea secure the desired object; it is by the inhalation and toning power of the sea air that the circulation is equalized, the malarial poisons eliminated, and the restoring power over prostrated energies, re-establish vigor and health.

Physicians of each school are united in their belief of the efficacy of the renovating power of the sea air, as clouds that rise out of the sea are by the currents borne over the land, and distribute their surcharged contents, purifying the air and rejuvenating those who were burdened by the humidity of it, so, we claim, by the scientific administration of electricity many who are unable to avail themselves of a sea voyage are as effectually restored as those who are able to do so. Electricity is an important aid in the cure of alcoholism or delirium tremens, apoplexy, ataxia and also of chronic ague or chills. Inveterate constipation, and even melancholia and insanity, it is known to have cured. It is emphatically the best agent in the permanent cure of neuralgia and paralysis, as also in mercurial paralysis and plumbism. In chronic rheumatism we have no agent so effective. It is a specific for insomnia, as I have before mentioned. These are a few forms of chronic disease in which by this agent absorption is made efficient.

ANÆSTHESIA.

By J. Atwood Tabor, M. D., Lawrence, Mass.

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The subject I have chosen is one probably all have heard and read of over and over again, and still there is little known on the subject compared with what is to be known. I do not consider myself competent to advance many new ideas, but to rearrange old ones in a new form. We observe day by day that the civilized world is but seemingly just becoming enlightened. We are, as it appears, but just growing and advancing from the dark ages. We notice improvements that are made from day to day which in the past would have been regarded almost as an impossibility. We see great advancement in all the branches of business, in the medicinal as well as in the mechanic arts and yet we are all looking ahead for something that shall far surpass the improvements and inventions of the present time. In looking over the modes of treatment, and the combination of drugs that prevailed in the past, and the means that were used to benumb the sense in surgical operations, we think that we have everything the physician could wish. Now we can use remedies that we know have a specific action, instead of combining a number of nauseous drugs, in hope of getting an action from one or the combination.

We can now look upon "specific medication" as one of the greatest discoveries in the medicinal world, but specific medication comes far from ranking with the discovery of those agents that completely suppress feeling and take away sensibility, so that all operations severe or light, can be performed without pain or knowledge.

It is probable that the practise of Anæsthesia was brought down from the Greek school, for the Romans were mere copyists, for the medicine employed by the Romans to produce sleep was well known to the Greeks; the agent was called "Atropa Mandragora" a product of the "Isle of Greece"

commonly called Mandrake; the first mention of this agent was made by Dioscorides Pedanius who lived in the first part of the first century. He says "make a decoction and give one half ounce to quiet pain or stop feeling when the knife is used, or the actual cautery."

We find by consulting history that means were used as far back as the third century of this era to benumb the sensibility; such drugs were used as hemp, opium and other narcotics; also intense cold, compression, magnetic sleep, even much noise was used in connection with magnetic sleep to benumb sensibility. For seventeen centuries means were used to try and produce Anæsthesia without the drug doing harm to the patient. During that long space of time nothing of consequence was discovered. In the year 1776 Priestley discovered, while experimenting, nitrous oxide gas. He compressed it into water and hence the so called oxygenated water derived its name. This mixture came into general use as a medicine and Sir Humphy Davy having heard of the anæsthetic power of this gas, (as it was inhaled by Fontana and produced insensibility,) in 1800 published a description of his experiments with the gas.

In 1815 Faraday published a description of sulphuric ether vapor being inhaled to relieve pain in lung diseases. At this period these two agents were spoken of together as being similar in their action, and surgeons thought that either agent might be used to produce insensibility in surgical operations. From this date there seems to be a stand-still in regard to anæsthetics. In spite of all these attempts to deaden pain in operative surgery, and perhaps as a consequence of the different results obtained, it was claimed that pain was a necessity in operations and disease. I will quote the words of one of our most eminent surgeons, so we can see to how late a day pain and operation were connected: "The avoidance of pain in operations is a chimera which we have no right to pursue; a cutting instrument and pain in operative medicine are words which the patient always associates together, and which are necessarily associated." This was said in the year 1839, and to that time complete Anæsthesia in operative surgery was hardly thought of, although some of the anæsthetics were in use, but those then in use did not strike the profession as being infallible.

In 1844 Mr. Horace Wells, of Hartford, had a tooth extracted without pain, and afterwards made a public exhibition of the administration of Nitrous Oxide Gas in Boston, but as the gas was impure he failed to impress the profession with its usefulness.

A few years after this experiment the gas came into general use with the dentists. Nitrous Oxide Gas, commonly known as "Laughing Gas," is used mostly by the dentists, as anæsthetization produced by this gas is of short duration, it did not strike the profession as being very valuable in surgical operations,, and as the mode of administration required quite a complicated apparatus, it is not practicable for the surgeon, therefore I will not dwell upon this agent, but go on to the more potent anæsthetics—ether and chloroform.

At the experiment tried by Wells in Boston in 1841, Dr. Charles T. Jackson and Dr. W. F. G. Morton were present; these two gentlemen obtained new ideas in regard to Anæsthesia, and experimented with the vapor of ether, and both claim the honor of being the discoverer; but it matters not which was the real discoverer, to both we will give the credit. Probably Jackson supplied the thought and Morton made the facts known to the world. The discovery of the anæsthetic properties of ether soon became known throughout the world. From this country it went to France, England and Germany. Surgeons in these nations tried it and pronounced it the greatest discovery in medical science. But a few weeks from the discovery of ether Dr. James Simpson of Edinburgh, while trying to discover some anæsthetic, experimented with what was known as the "heavy fluid of soubeiran," and discovered the anæsthetic properties of what he named chloroform. This agent, like the other anæsthetics, was discovered many years ago, but its real virtue was not made known till 1847. This new discovery spread with greater rapidity than did the discovery of ether, as an agent of greater power than ether and one to supercede its use. Of the properties and use of these two agents, ether and chloroform, I will mostly dwell upon, as they are the two great anæsthetic agents now in use.

Chloroform, a heavy, volatile, colorless liquid, containing, when pure, a specific gravity of 1.48 to 1.49 heavier than water and its vapor is four times heavier than the atmospheric air; its volume is increased in high temperature so that larger

quantities are taken to produce anæsthesia in hot weather than in cold. Chloroform unless purchased of reliable parties is very often adulterated with alcohol and oils. There are many tests for the purity of chloroform, but the most simple that the physician can use is to let fall a few drops of chloroform into pure water, and if alcohol is present in larger quantities than four per cent., the chloroform will become of a milky color; if the chloroform is pure it will remain clear at the bottom. Another test to discover oils is to drop chloroform into sulphuric acid, and if oils be present the chloroform will become of a yellowish hue. But the surgeon has to rely chiefly on the manufacturer, Squibbs being regarded by many as the most reliable.

The vapor of chloroform and ether is absorbed in the blood, and impregnates all the sensory nervous system; it is found that the sensibility of the nerve disappears from the periphery to the centre, beginning at the point most remote from the medulla. The nerves of special sense are affected first; nerves of common sensibility next, (those which are excited by the touch,) and the nerves which terminate in the skin are affected before those of the mucous membrane; hence we see the throat affected and sensitive after the skin ceases to be so.

The physiological action of chloroform on the nerve centres is in the following order. First, on the cerebral lobes. the effect produced in the first stage of anæsthetization; second, action on the cerebellum and spinal cord, the action produced in the second stage; and third on the medulla oblongata the effect in the third stage of Anaesthesia. Authors have divided the effects into different periods; Longat makes four periods; first that of etherization of the cerebellum and cerebrum; second, that of the pons or surgical period; third, that of the spinal cord, where reflex action is abolished; fourth, that of the medulla oblongata, in which life is endangered by cessation of respiratory movements. But the most practical to the surgeon, is the division into three stages. The first stage resembles drunkenness where consciousness is not lost, but where sensibility is impaired. This is for obstetrical use; Second, where there is insensibility of the skin, muscular relaxation, and the patient does not retain consciousness. Third, the etherization of organic life, or the dangerous stage.

Before the administration of chloroform, it is well if possible to have the patient in a pleasant state of mind ; as fright sometimes makes the patient unfit for chloroform ; as the greater number of deaths from chloroform are during minor operations and the patient dreads the Anæsthetic more than the operation. The amount of chloroform required to produce Anæsthesia varies in different individuals, and in different ages and cases. The young generally take chloroform better than the older, on account of not being old enough to dread the anæsthetic, and consequently do not resist its action. In administering, the patient can be adjusted in such a position as may be necessary ; generally the recumbent position is the best and safest, but when the operation is in the mouth or nares the sitting posture is desirable. In order not to carry the anæsthetic to too great a depression, it is safer to give a sufficient amount of brandy or whiskey to stimulate the patient, as the first action of the chloroform is a stimulant, and the second is a depressant.

Everything about the neck and chest should be loose, and the patient should abstain from food for two or three hours previous to taking chloroform, or the vomiting during its administration will be troublesome ; and vomiting is attended with some danger, as the material is liable to get into the larynx and cause asphyxia. Vomiting generally comes during the first stage, or when the patient is recuperating ; the finger can be used to clean the fauces ; vomiting never takes place during the profound state of Anæsthesia. The handiest and perhaps safest way of administering chloroform is by means of a towel or napkin folded in form of a cone ; (several inhalers are in use but they are not practical with the ordinary surgeon). Pour a few drops of chloroform on the cloth at first, and hold it a few inches from the face ; if held too near, the first inhalations if not properly combined with air, will cause a spasmodic closure of the glottis and coughing. After the first few inhalations, the cloth may be brought nearer the face and more chloroform put upon it.

It must be remembered that the vapor of chloroform is heavier than the atmosphere, and if the inhalations contain too great a percentage of chloroform it is very dangerous. Chloroform vapor inhaled must be combined with 95 per cent. of atmospheric air ; not like ether, as the latter can be

inhaled in almost pure vapor 70 or 80 per cent.; generally an atmosphere containing three per cent. of chloroform vapor is safe; if a greater quantity is inhaled it is quite dangerous.

The danger arising from chloroform does not come altogether from the quantity taken, for the first inhalations have produced instant death. The first action of chloroform is a heart stimulant, the face becomes flushed; the stimulating action soon passes away, and the secondary action is a steady and powerful heart depressant. In administering the chloroform the pulse must be watched, also the respiration; on the approach of danger it generally makes itself manifest in the appearance of the face and respiration; if the face presents a sudden palor, respiration becomes laborious or the pulse becomes weak and intermittent, the inhalations must be stopped and active measures taken to resuscitate the patient, and one of the surest signs of danger from narcosis is recognized in the contraction of the pupil, and in the conjunctiva; so long as irritation of the conjunctiva causes reflex action, and is followed by winking there is usually no danger. The pupil is much contracted during Anæsthetization, but on the approach of danger from narcosis the pupil will be noticed to dilate. The resuscitating treatment I will speak of as I proceed.

Some surgeons recommend the quick full inhalation of chloroform, but I consider the gradual inhalations much safer. English surgeons carry Anæsthetization to the point of abolishing all animal faculties and to the commencement of organic etherization, while most French surgeons do not carry etherization beyond the point where the skin loses its insensibility and muscular resolution begins; hence we can see why the fatality is greater in France than in England. The statistics of sudden deaths from chloroform and ether date from 1848 to 1862; the number of deaths reported in that period are 77; of this number 74 died by chloroform, and 3 by ether. The first seven years from 1848 to 1855 there were 48 deaths from chloroform, while in the next eight years 1855 to 1863 there were only 23 deaths by chloroform; from 1862 to 1869 there were 20 deaths from Anæsthesia, of these 14 were from chloroform, and 4 from ether, one from the mixture of chloroform and ether, and one from the alternate use of chloroform and ether. By these statistics we can see that the death

rates from chloroform are gradually on the decrease, and here I think the death rate might be lessened to a great extent if the proper measures were used to resuscitate the patient when dangerous symptoms first make their appearance.

I think surgeons using chloroform many times get careless ; the surgeon should not trust everything to the assistant, but should keep on the constant lookout for all dangerous indications ; as soon as respiration ceases or the heart ceases to beat, active means must at once be used ; if the surgeon relies on inhalation friction and electricity, I fear the fatality will still continue to be great from chloroform.

Death from chloroform generally comes by asphyxia, owing to closing of the glottis by the tongue falling back, or paralysis of the laryngeal muscles, or vomiting material passing into the larynx ; or the heart may be paralyzed through the anæsthetic's influence on the medulla, thus paralyzing the par vagum. In all cases active and prompt treatment must be used. First stop the administration ; place the head on a lower level than the body, for it is found that during uncomplicated anæsthesia there is true anæmia of the brain ; pull the tongue forward, admit fresh air, shake the patient, pound the back over the scapula, first on one side then on the other, using some force ; use artificial respiration—electricity, but in nine cases out of ten the battery will be out of order. If the patient shows signs of relapse inject brandy in the rectum. Nitrate of Amyl is said to be an antidote to chloroform, but I have never heard of its being of much service.

No doubt the temperament, age, habit, idiosyncrasy and various circumstances of the patient guard the limit of Anæsthesia to a certain extent, but I find it difficult to point out the exact features that contra indicate the administration of chloroform. We recognize almost no disease as rendering the patient an unfit subject for chloroform. Its administration to habitual drinkers must be guarded. It has long been regarded as dangerous to administer chloroform where there is any trouble with the heart, but it has been proven that chloroform can be taken in many forms of heart disease with seemingly beneficial effect. Fatty degeneration of the heart has long been a disease to prohibit the use of chloroform : this affection is not readily diagnosed during life. In the greater number of deaths by chloroform among habitual drinkers, were found

fatty degeneration of the heart; but I would not consider even if I could diagnose the disease correctly, that chloroform was contra indicated, unless complicated with some other disease. When there is evident disease of the nerve centres, marked or functional disease of the heart, weak intermittent pulse or decided anæmia, or where the patient is much weakened by hemorrhage, or where there is marked anæmic chlorosis, and where the functions of the body do not reach a certain gravity; in any of the above cases I should be very guarded how I used chloroform. When the patient has received a severe shock or accident which has caused much loss of blood. Chloroform should be used with caution, as the body can not resist its effects. The patient should be partially recovered from the shock before its administration. Many of the deaths occur after severe shocks and before the system has fully recovered.

It may here be asked how far should anæsthesia be carried before beginning an operation? Some surgeons think it should be stopped as soon as the skin loses its sensibility and muscular revolution is obtained; others say never use anæsthesia beyond extinction of general sensibility. But the line of demarcation between general sensibility and that of special sense is not very clear, as the loss of special sense follows almost immediately. If anæsthetization was carried to a point to only benumb general sensibility, the contact of the instrument would be apt to produce a reaction and interfere with the operation; then when anæsthesia is carried only to produce general insensibility there is danger from shock when the knife is used; hence I think it should be carried sufficient to produce animal etherization, but not far enough to produce organic etherization. In operations requiring the administration of chloroform for a long time the inhalation can be continued at intervals, but as soon as sterterous breathing comes on discontinue it, for this is an indication of organic etherization. The fixation of the iris may be regarded as the beginning and end of surgical anæsthesia.

In some operations, as of the throat and air passages, or in operations requiring special sensibility, anæsthesia can be carried to produce general insensibility.

The use of anæsthesia in obstetrics was first introduced into the profession by Sir James Simpson in 1847, since which

time all know the rank and success it has obtained. In using Anæsthesia in obstetrics much is to be looked after. There are a great many involuntary muscles which must be kept in mind upon which Anæsthesia may have an injurious influence ; also the degree of anæsthetization, its indications and contra-indications.

Anæsthesia in no way weakens the uterine contractions or the reflex and auxiliary contractions of the abdominal muscles if given in proper form. It must not be carried beyond the first stage, or to benumb general sensibility in uncompleted labor ; if carried into the second stage the contractions become weakened or cease altogether. In using Anæsthesia in obstetrics the vapor should be inhaled during the second period of dilatation of the os, and should be given after the pains are well established ; if given too soon it will check the contractions to a certain extent. In obstetrical surgery, in abnormal presentations, and in all cases where there is to be much pain, Anæsthesia is as much a necessity as in operative surgery.

Anæsthesia produced by the inhalations of vapor of sulphuric ether is regarded as being safer than that of chloroform, but is not so profound in its action ; ether is more disagreeable to inhale. The specific gravity of ether is 735 to 750 lighter than water, and its vapor is two and one half times heavier than the atmospheric air. It can be inhaled in stronger vapor than chloroform ; an atmosphere containing 70 or 80 per cent can be inhaled. The mode of administration is much the same as chloroform.

Respiration must be watched, as death from ether comes from asphyxia and paralysis of the respiratory centres ; resuscitation is performed as in dangers from chloroform ; the period of excitement is more prolonged and greater than with chloroform ; ether can be used to produce local Anæsthesia ; it acts by freezing the part, the quicker the evaporation the quicker it acts. Ether may be safer than chloroform, but if all the precautions are taken with chloroform I think this agent will not reach a greater fatality than ether.

Anæsthesia produced by bichloride of mithylene is very profound and is used greatly by Dr. Spencer Wells who recommends it but as death sometimes attends its administration, it does not take the place of chloroform ; Anæsthesia produced

by hydrate of chloral is not very profound; and the quantity it takes to produce the effect, and death attending it together with its disagreeable administration keep it from ranking high with the profession. Other agents have been recommended but chloroform and ether are ranked ahead by the world.

One of the simplest means of producing partial Anæsthesia is by opening the mouth and breathing freely, deeply and quickly common atmospheric air, for by a few seconds or minutes of such continuous breathing the symptoms of partial Anæsthesia supervene, as is evidenced by the absence of feeling on pinching, but the effect almost immediately passes away; whether this method will affect all individuals alike I know not.

Experimenters are searching for new agents which shall have a local action sufficiently strong and constant, sure and powerful, to rival inhalations. How happy people would be if they could enjoy Anæsthesia without the dread of the inhalations; here lies progress. The time will come we hope when local Anæsthesia by its harmlessness and power will replace the danger and disagreeableness of Anæsthetic inhalations.



The Health of Cities.

Statistics compiled by the national board of health show that for the year ending October 31, 1880, the more important cities of the world rank as follows in comparative healthfulness. The death rate shows the number of deaths to each 1,000 persons during the year:

City,	Population.	Death Rate.
Chicago.....	503,298.....	17-9
Philadelphia.....	850,000.....	18-3
St. Louis.....	233,577.....	18-8
Boston.....	375,000.....	20
Baltimore.....	393,697.....	20-9
London.....	3,253,250.....	21
Leeds.....	318,921.....	21-8
Glasgow.....	589,598.....	21-9
New York.....	1,203,223.....	23-4
Paris.....	1,988,806.....	24
Brooklyn.....	556,889.....	25-8
New Orleans.....	216,359.....	27-7
Lyons.....	342,815.....	21-7
Berlin.....	1,096,644.....	29-3
Dublin.....	314,666.....	32-9

MEDICAL SCIENCE---ITS PAST AND PRESENT.

By H. G. Barrows, M. D.

In reviewing the past of medicine it is difficult to ascertain just where it is proper to begin. We may wander around among the uncertain records of Babylon, Egypt, Persia and Greece, but will find little that is satisfactory where all is doubt and confusion. It is true that some of the minor arts appeared to flourish, and there were occasional attempts made to cultivate astronomy. But even this subsequently degenerated into astrology, which may be the reason why, in after years, astrology became so mixed up with what little science of medicine that, from time to time, came to the surface of the dark and almost stagnant waters.

Hippocrates was one of the most prominent figures that came to the front in the panoramic picture of early times. He was styled "The Physician," and by some moderns is called "the Father of physic;" although at that period the child may have been somewhat sickly.

Then came Empedocles to view, who was called orator, patriot, philosopher and physician. If to each of these positions he devoted but one-fourth part of his time he could have shed but little light upon the science of medicine.

If we turn our eyes towards Alexandria we shall find existing there at this period, (some 300 years before the Christian era), four schools of science, one of which was devoted to medicine. This was the period when the independence of Egypt was secured, when a few of the manufactures flourished, when Alexandria possessed its library and literature was encouraged, and when Euclid, Aristarchus and Aristophanes, with other philosophers flourished.

As we approach still nearer the Christian era history points us to Archagathus, who is recorded as being the first professed surgeon, and who was then practising at Rome. Not many years after this Arataeus came into Rome, where he remained for a considerable period and practised his profession.

Now, standing upon the verge of the Christian era, we can gather from the misty pages of the past little to show any advance in medical science. Other branches of art and science seem to have engaged public attention, while that of medicine was evidently neglected. And when we learn how prevalent were plague and pestilence, it would seem but natural to expect that public attention would be called to the devising of some means by which to curb the influence of those diseases which were depopulating towns and cities at a fearful rate. But such was not the case, and we are left to but one conclusion—that these terrible epidemics pursued their destructive course until they died out for lack of material to feed upon.

In entering upon the Christian era prominent personages present themselves to view, among whom are Celsus and Galen. As Celsus propagated the doctrines of Hippocrates he had little to advance beyond the views presented by his predecessor. Galen had doctrines differing somewhat from his contemporaries, and going to Rome he there dispensed them in the form of lectures.

As we advance in our recital we come upon a period which history declares to have been remarkable for intestine commotions, besides religious and national wars. The valuable Alexandrian library was destroyed and also that at Constantinople, which city had been besieged seven times in as many years—Christianity in France and Germany was being enforced by the sword—philosophy was entirely neglected—earthquakes and epidemics were of annual occurrence—and amidst the confusion and clash of arms, the horrors of war and an almost universal reign of terror, little was or could be done for the advancement of science.

It was not until the year 625 that Aaron, a physician of Alexandria, collected all the Greek writings extant, to which he added whatever of originality he possessed. He is credited with being the first who alluded to and described small-pox and measles; he also described the white color of the fœces in jaundice. Whether or not he described the method of distinguishing between small-pox and measles—or whether he alluded to the probable condition of the liver when the fœcal discharges were white—we have no means of knowing; but the statements he made were deserving of attention, and added

so much to the existing fund of medical knowledge. The next man to be noticed is Paulus Egineta, who is credited with being the first to notice the cathartic property of rheubarb. It is also said of him that he was a skilful obstetrician, and possessed some knowledge of the diseases of women. What he wrote has been lost and consequently the profession is to-day no wiser for his labors.

It was not until about the year 780 that Spain lifted her head amidst the general gloom and began to patronize literature and science. About the same period Arabian literature began to revive, and science to attract the attention of those in power; while general science received the attention of the learned, medicine received the least of all.

It was near the close of the year 963 before anything occurred which gave token that any advance was being made in medical science. Rhazes had appeared and disappeared. He was of Arabia, and history intimates that after the Arabians had completed the conquest of a considerable part of the civilized world, the calm which followed seemed favorable for the cultivation of the arts of peace, and many of their rulers were very liberal in their patronage of science and art.

About this time a college was founded at Baghdad, and medicine was zealously cultivated; public hospitals were built for the benefit of students, and most of the works of the Greek physicians and philosophers were translated into the Arabic language. The practical study of anatomy was strictly forbidden by the Mahomedan religion; the Arabians were compelled to trust to their knowledge of this subject to the writings of the Greeks. Rhazes was the first Arabian writer of any note, and his writings were chiefly compilations from Greek works.

Avicenna flourished about this period; he was of Persia, and was designated "the prince of physicians." It is said that as a surgeon his practice was inert and timid. We can only find space to name some of the ancient physicians in continuation of our subject, without devoting much time to their successors. Monks and priests, up to this period had acted somewhat extensively as physicians, but were now forbidden to do so any more.

There were physicians of more or less note engaged in practise at this time, but we can refer to but two or three.

Abdallattif was a physician of Damascus, and is said to have been the author of several works on medical subjects ; but as they are stated to have been lost, no judgment of course can now be formed of their merits.

Guy de Cauliac was another, and is said to have been more of a writer than a physician. His prevailing disposition seemed to be to find fault with his predecessors and contemporaries, without presenting anything very worthy of note himself. The next physician to be named was Luzzi, who was an Italian, and was called an anatomist, but there is little said of him. We should mention as belonging to the period of which we are writing, the establishment of a school of medicine at Salerno in Italy ; nevertheless much medical darkness remained. The prominent object of the few scientific men of this period seemed to be, not the advancement of medicine, but more especially alchemy, the production of silver and gold.

Not long after this alchemy declined, until it was resuscitated by Roger Bacon and others. The Arabian physicians having introduced mercurial preparations, began to cherish the hope of discovering an universal remedy for all diseases. The elixir of life however, was never found. If we mistake not the first account of dissection of a human body took place in Italy about 1315, but was at once prohibited by authority.

Some years after this, Charles of France established a college of astrology and medicine at Paris ; but astrology was a millstone about the neck of medicine ; as the attempt to harmonize them was an impossibility, and consequently there could be little advance in medical science. Alchemy, and astrology especially had obtained such a hold upon the people that it was not until the surer light of astronomical science, (which was now being studied throughout Europe,) had influence enough to overcome this pretended science. But as astronomy advanced, astrology retired until at length it was compelled to take a back seat.

Just before, and during the century of 1500 we have developments of a more interesting character. The medical writings then extant were to a great extent transcripts of loosely written works which had gone before, and had been of no great real benefit to science. The system of therapeutics remained principally unchanged, and consequently

devoid of any startling progress in the healing art. When Beniveni, Bachilini, Linacre and Harvey appeared we had writers who must have exerted an influence upon the then existing state of affairs.

In 1514 there were but thirteen medical men in London, so it is said, and these were looked upon with such favor by the government, that they were exempted from serving on juries. These men must have felt the need of association, and they probably formed the nucleus of the College of Physicians soon after founded in that city.

When the spirit of opposition to systems arose, then there was a hope that some good might be accomplished. Benedetti of Padua, on the one hand, opposed the Arabian system of medicine, and Leoncensus on the other, advocated the system of Hippocrates. In the "palmy days" of Paracelsus, he was styled "doctor of medicine and alchemist." The branch of alchemy that aimed at the discovery of a universal medicine, was maintained with great zeal and boldness by Paracelsus, who succeeded in healing many diseases which the imperfect science of his day deemed incurable. He did not hesitate to profess that he had found the elixir of life, and to promise longevity to his patients, which however, proved most injurious to the interests of his pretended art.

Somewhere about 1540, bills of mortality were begun to be kept in London, which must have proved useful, especially so far as they contributed to the ability to classify diseases. Shortly after this period a pharmacopœa was published in Bavaria. It was an attempt to classify and describe such medical agents as were then in use, and probably comprised their whole body of *Materia Medica*.

Sir Thomas Gershom in 1562 founded Gershom College, in which he endowed six professorships, one of which was physic. Chemistry had been making some advance, and while medicine adopted it as an immediate auxiliary, philosophy claimed its aid as a method of interrogating nature. "On this account" remarks a sagacious writer, "the name of Francis Bacon is deserving of attention. His writings bore the stamp of originality and genius, and they pointed out to men of his day, the paths to pursue in scientific research."

Eustachius and Fallopius, who belong to this period, must not be passed in silence. The former discovered the tube

that bears his name and is also credited with the discovery of the "renal capsules," and the "thoracic duct." The latter was the discoverer of the "Fallopian tubes."

Within the next century we have the names of Sydenham, Abernethy, Malpighi and others in Europe, and Clark, Allen, Boylston and others in America. When Dr. Harvey declared his doctrine of the circulation of the blood, he established as a fact what had been before but dimly shadowed forth.

Sanctorious called attention to the cutaneous and pulmonary transpiration, which, he affirmed, exceeded in weight the other excretions of the body. He is likewise credited with being the first one to use the thermometer to determine the temperature of the body. Then came Pecquet of France, who claims to have discovered the "recepticulum chyli." Then Malpighi, who claims to be the first to employ the microscope and deprecated bleeding in malignant epidemics. Next came Dr. Lower, who claims to have practised transfusion. And then Arantius, who described the "foramen ovale," the "ductus arteriosus," and corrected some prevailing mistakes in regard to the gravid uterus.

Then we have Swammerdam of Amsterdam, who invented a method of injecting the vessels of a cadaver, which has been of great benefit to anatomy. And then Schneider, who gave to the pituitary membrane of the nostril his own name. Next Bellini of Italy, who discovered the nervous papillæ of the tongue, and added important information concerning the kidneys. Then came Cowper, who gave his name to certain muciperos glands of the male. We might allude also, did space permit, to several surgical and other instruments invented and recommended for medical and surgical practice, upon some of which improvements have been made, better adapting them to professional use. Articles were also added to the *Materia Medica*, some of which have proved useful agents in the treatment of disease.

The century opening with 1700, discloses an array of worthy names, among whom may be mentioned Pott, the two Hunters, Buchan, Darwin, Brown, Jebb, Sloane, Abercrombie, Boerhaave, Chesselden, Mead, and others of England; Bailee, Fordyce, Arbuthnot, and Murray, of Scotland; Geoffry, Mauricon, Macquer, and Quesney, of France; Bard, Bennett, Hooper, Robinson and others of America. A major part of

the professional men we have named are entitled to a lengthened notice, but at the present time this is not admissable. It is but just to remark that the chemists of this period were bringing that useful branch of the profession into a more sensible attitude towards the sciences, and its influence had much to do with the advance of medicine in general. In Italy we find a medical school inaugurated; in Paris a college of surgeons; in Spain a medico-botanic garden; at Vienna an academy of Surgery; in England inoculation and vaccination were being introduced and practiced, and Dr. Boylston was introducing inoculation in America, and Philadelphia in Pennsylvania was the first to throw open the doors of a medical college.

At this time also, electricity was receiving a large share of attention, and experiments were being conducted in England, Prussia, Germany and America, by means of which it was being reduced to the more certain rules that govern a science. Since 1800 has dawned upon us, great progress has been made in the art of medicine, and in all its correlative sciences. Galvanism has been pushed forward by the experiments of Carlisle, Henry, Davy and others;—the scientific application of what is known as medical electricity;—discoveries in the science of optics, and of optical instruments, which have led to great improvements in ophthalmological treatment; the discovery and application of anæsthetics, the use of the microscope and thermometer as aids to diagnosis, the creosote of Reichenback, the chlorine of Davy, the iodine of De Curtois, the lobelia of Thomson, the founding of the schools of Homœopathy and Eclecticism, and a large number of remedies introduced by the latter school, these, with other matters that might be mentioned, form the medical glory of the last four score years. And still the march is onward. There are enterprising spirits engaged in all the collateral sciences, who will contribute their quota to the general fund, and the healing art is destined to yet greater advances. Many diseases which are now obscure will be better understood; additional remedies will find their place in the materia medica; systems of medication will be simplified; and medicine will hold a higher place among the liberal sciences. To attain this desirable result, medical men must break down the wall of partition that divides them, unite in the scientific examination of disease, seek for truth

wherever it invites us to follow, crush out the spirit of petty jealousy, labor for the attainment of the same end, and then will peace spread her banner over us, and "the lion and the lamb shall lie down together."



Louis on Diseases.

This close observer and profound thinker has given utterance to the following words, which are deserving of serious consideration.

"We ought not to depend on the authority of the ancients in regard to questions relative to the seat of diseases, for these questions can be settled only by a comparison of the symptoms with the lesions found, and the ancients were ignorant of pathological anatomy. It is not true, moreover, as has been said too often, that facts do not become old. Doubtless there are facts, that have been well observed, which have not become old, and which never can, since they have been accurately observed; but the immense majority of them have become so, and moreover, those which we collect in these times will, in like manner in their turn become old, for they will carry with them more or less, the impress of the age, and of its methods, which, it is true, are more exact than those pursued in former times, but they are less rigorous than those which will take their places in ages to come. It is necessary for those who devote themselves to observation, to be convinced of this truth, and to often recall to mind the fact, that the best work is good only in relation to the epoch in which it appears, and that another must be anticipated that will be more exact and more complete."

NURSING AS A PROFESSION.

By W. A. Hubbard, M. D., Lowell, Mass.

[READ BEFORE THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.]

The most important assistant to the physician in his professional labors is the attentive and obedient nurse; and the patient also is equally indebted to the untiring efforts of this constant, faithful servant and friend. Much good thought has been bestowed on the subject of extending and enhancing the duties and responsibilities of the nurse.

Schools for nurses have been established in connection with some of our medical colleges to properly qualify people for this excellent calling. To make an occupation a profession it is necessary that a sufficient importance exists to warrant persons of enterprise and intelligence in devoting all their intellectual and physical faculties to the complete development of all there is of value pertaining to that calling or occupation. I think the time will come when there will be located in each village or town, persons well qualified and possessing a higher order of education, whose profession will be to care for and nurse the sick. With such persons at the bedside, capable of skilfully observing with the utmost accuracy all the delicate variations of disease, much suffering may be averted and much information of great value obtained.

For instance, the use of the thermometer is very necessary in many diseases, and the physician cannot get along intelligently in many cases without it; yet, nevertheless, he cannot always be present at the important points of time when its use would be most beneficial to him in controlling the ravages of disease.

Now an intelligent nurse could correctly note the duration and extent of the increased febrile action, and also many other little things which could and would assist the physician materially in the management of the case. And then too in dysentery, how necessary to note the character of the evacuations.

In his absence the physician cannot examine them, nor can they always be saved for his inspection; still how greatly does he desire to know all that their character and appearance indicate. Also in contagious diseases, the prevention of the spread of contagion will be greatly augmented by the well directed efforts of an intelligent and efficient nurse.

We all know that in cholera, scarlet fever, small-pox and such diseases, certain definite methods skilfully employed with sufficient perseverance, will often insure the limitation of these dread epidemics to the immediate neighborhood of its first appearance. Now an enterprising, educated nurse, could apply the proper disinfectants, and note all there is to know relative to drainage, refuse garbage, ventilation, etc., and thus render prompt police measures for public protection more effective. Do we not need persons trained to use these methods, habituated to their proper application and capable of carrying them out with all that completeness of manner on which their whole efficacy depends?

It is certainly true that the minuteness and accuracy of observations of certain forms of disease can only be obtained by the constant presence in the sick room of persons who are professionally capable, by education and tact, to render them valuable. The prominent sphere of the nurse is one of observation, and apart from all the benefits which would certainly accrue to the patient under professional care, much valuable information could be gained for the advancement of medical science. If this is true, the calling and usefulness of the nurse can hardly be inferior to that of the physician.

An honest and faithful nurse will have nothing to do with the strictly medical treatment of any case, and I would heartily condemn any interference of whatsoever nature. I claim that a faithful and honorable nurse, one who properly understood the true sphere of professional nursing, would not usurp the place of a physician in attendance, nor try to undermine him in his position in the family of his patients. An unprincipled person, or an ignorant one, who was performing the duties of a nurse, might endeavor to do so. Still this should not militate against the profession or prevent one from bringing forth all that may be developed from following it out in all its details. I stand in far greater fear from ignorance than intelligence in any department of life.

I have so far spoken of the professional part of the duties of a nurse. There is the social aspect which I will briefly consider. The remuneration of the nurse should be ample and in some instances large. It should be sufficient to secure minds of the higher order of intelligence, and this will have a good influence in the social scale. But above all there should be an intelligent appreciation of the duties belonging to the calling, which would elevate it to the dignity of a profession. If the question of increased cost of sickness should arise, I would answer by pointing to the greater alleviation of suffering and the larger amount of knowledge gained for medical science which, in my judgment, would be ample recompense.

Here then is a profession which may justly be ranked as equal in dignity to that of the physician, open alike to both sexes, and by proper education may be made available to all. The doors of entrance should be properly guarded with all necessary restrictions and requirements, and a spirit of *esprit du corps* will be formed among its members, which is essential in making an impression on the public mind. I have very briefly touched on some of the important points, and am well aware that there is much more to be said. I have no doubt but that a perfect nurse education could be acquired at a comparatively small expense, and still yield returns almost as large as that of the physician. But yet the question of recompense is a low view to take of any profession. A person should follow a profession for the sake of benefiting mankind—of elevating and ennobling it. The true professional man is the friend and benefactor of the race, and the record of the great number of persons who have won undying love and admiration by their heroic devotion to suffering humanity, on the battle-fields and in plague-stricken districts, is one of which any profession may be justly proud.

Like many things imperfectly understood, nursing is supposed to be a calling which every one comprehends, and hence many drift into it and blunder along, and favored by fortunate circumstances have a certain measure of success. Still the field is a large one and perfectly distinct in its scope of usefulness, and merits the exclusive attention which an intelligent mind can so advantageously bestow upon it, to the advancement of medical science and alleviation of the distress existing among suffering humanity.

ASTHMA.

By the Editor.

This disease so frequently comes under the inspection of the general practitioner that it is hardly necessary to enter into a detailed description of a difficulty with which all are more or less acquainted. The kinds of Asthma, or the divisions of the disease under different heads, which are laid down by some writers, are considered by many well informed physicians to be more fanciful than really practical. It is from the symptoms that we learn the existence of the malady, and when we discover what are the indications in a given case we shall not be at great loss in framing our treatment accordingly.

Many of the symptoms are of a distressing character, and a source of great suffering to the patient. The difficulty of breathing, which for a time increases and sometimes appears to threaten the patient with almost instant suffocation, the inability to lie in bed, the often-times livid aspect of the face, or on the other hand its sickly paleness, are prominent symptoms in an attack of Asthma.

The causes assigned for this disease have been various, among which are hereditary predisposition, the peculiar state of the atmosphere and other sudden changes, bronchial irritation, etc. As it regards treatment we are not confined to a few remedies, as our resources are comparatively abundant. Some of the remedies are here presented, which have proved very successful in the treatment of some cases of this disease.

R. Tinct. Assafoetida, 3 drachms; Tinct. Lobelia and Tinct. Gelseminum, of each one drachm. Mix. Dose—40 drops when the fit is on, and afterwards 30 drops three times a day.

R. Vin. Ipecac, 6 drachms; Tinct. Lobelia and Tinct. Hyosciamus of each one drachm. Mix and give a teaspoonful every 15 minutes until relieved, where the case is urgent.

The following has been highly recommended: R. Morphia Acetate, one-third of a grain; Spirit Ether Sulph, half a drachm,

and Camphor water, eleven drachms. Mix, and take all at a draught and repeat it if necessary. Two cases of Asthma of long standing were recently reported wherein the patients had given up all hope of benefit from drugs, where the Bromide of Potash in full doses, night and morning, was followed by a remarkable remission of the fit, the patient in one case having slept for several consecutive nights without the return of the asthmatic paroxysm, a circumstance which had not occurred for years. In the second case the results were equally satisfactory.

Dr. J. J. Lamadrid recommends in the treatment of spasmodic Asthma the combination of Chloral Hydrate and Bromide of Potash, and presents the following prescription:

R. Chloral Hydrate, 5 drachms.
Potass. Bromide, $2\frac{1}{2}$ drachms.
Syr. Flor. Aurantii
Aqua, each one ounce.

Mix and give a teaspoonful in half a wine glass of water every two hours until sleep is induced or the distress of breathing is relieved.

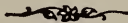
To avoid a recurrence of the paroxysm of Asthma it will be necessary to avoid all excesses, to use a light and nutritious diet, let the clothing be adapted to the season and the exercise should be regular. The bowels should receive such attention as to prevent constipation. Tonics properly administered will also be found useful.



Diphtheria.

The New York Times publishes an article written by Dr. Kerr of Pittsburg, concerning the true nature of diphtheria. The pith of the paper is condensed in a Times editorial, from which the following is taken: Whatever may be the nature of the disease—a floating germ in the air, or even a tendency toward the formation of a false membrane in the throat—in its early stage this disorder is purely local. The membrane which is ordinarily spoken of as a fungus, can be removed by local applications. Dr. Kerr suggests a rather powerful lotion of hydrochloric acid and glycerine. But the moment the membrane forms the patient is threatened with another far

more dangerous malady. While this process in the tonsils is going on a virulent poison is distilled in the neighborhood. This secretion, an insignificant amount of which is sufficient to impregnate the system, passes from the throat to the stomach, producing acute gastritis, and thence into the circulation. The system becomes much depressed; the action of the heart and brain is lowered, ordinarily, to the verge, and sometimes to the worst condition of paralysis, and the patient dies, not, as is supposed from asphyxia, caused by the stoppage of the air passages, but from the presence of a virulent poison in the blood, which impedes the bodily functions and quenches the activity of the vital organs. The patient is in this additional plight, that his system cannot with proper treatment receive reinforcement in the way of new tissue, for the stomach, being greatly inflamed, is unable to assimilate food for the replenishment of the waste that has taken place, or restore energy to throw off the poison. But the morbid condition once thoroughly understood, treatment to correspond should not be hard to find, and Dr. Kerr meets the symptoms with appropriate remedies. He detaches the false membrane by using the wash above named; puts into the stomach a simple chemical preparation, calcined magnesia, to combine with and neutralize the diphtheritic poison, and gently remove it through the natural channels. This prevents it passing into the circulation. Meantime he supports the patient upon nutritious and non-irritant food until the crisis of the disorder is reached, when wine, or if necessary, whiskey and brandy are copiously administered to aid in eliminating the impurities and throwing off the clutch that threatens to choke the life out of heart and brain, and with care and attention the tone returns, the poison is eliminated, the functions are naturally discharged, the membrane ceases to form, and the poisonous secretion is no longer provided.



CONTAGION AND ITS KINDRED.

Contagion infection, malaria and miasm are words which, to a limited extent, perhaps, imply some ideas which are in many respects similar, and yet either one expression does not necessarily imply all the others. The word *contango*, from which the term contagion is derived, seems to have an absolute meaning. Some words are susceptible of a liberal or an accommodating meaning, and in defining them in specified cases such one of the definitions may be used as will suit more particularly the sense and the subject in which and to which it is desired to apply it. This is a peculiarity of the Latin language, from which many of our medical terms are derived.

The Latin word *contango*, which is the origin of the word contagion, means touch or actual contact. Infection, strictly speaking, is the manner of communicating a disease by some effluvia or particles which fly off from distempered bodies, and which, by some peculiar process, become mixed with the juices of other bodies, occasioning like disorders. Malaria, or *mal* (bad) and *aria* (air), is a term which, though applied to infected districts, embracing certain localities under certain circumstances, is properly applied to any local atmosphere, in or out of doors, where disease may be communicated by infection, as we have defined it. The word miasm is of Greek origin, and its meaning is very similar to that of the term infection.

The term contagion appears to be a very loose one so far as its medical application is concerned. It would seem that diseases which communicate themselves after the manner of those which are improperly, as we think, designated as contagious, should be denominated infectious, malarious or miasmatic diseases, as these aggregated terms imply the manner of communication—bad air and infection. Are not all so-called contagious diseases infectious? Are some diseases imparted by contagion, that is by contact or touch, and others by infection, or by the effluvia emitted and the particles which fly off from the diseased body? How can you separate contagion and in-

fection? Are there some diseases which are imparted by contact, that is by touch alone, without the power of infection being in active operation? And are there others which are imparted by infection only and which do not require the actuality of touch? These are questions involving thought.

Intermittent fever owes its origin to marsh miasma, or the effluvia arising from stagnant water or marshy ground impregnated with vegetable matter in a state of putrefactive decomposition. This cannot be a contagious but an infectious disease, in the sense of the definitions of those terms as we have given them, which accord with the views of the best lexicographers. In this case contact or contagion does not communicate the disease, but infection does. We believe the same argument holds good in regard to typhoid fever, measles, diphtheria, small-pox, scarlatina, dysentery and some other diseases which might be enumerated. An exception must be made in favor of itch, for if the theory of its being an insect is correct then that is certainly a contagious disease, for it is imparted by actual contact.

This may seem a little like hair-splitting, but the question at issue is can a disease be communicated from one person to another (except those communicable by inoculation) in any other way but by infection? Do not all diseases, with the exceptions named, more particularly those of an inflammatory character, depend upon infection, malaria or miasm for their origin? The infinitesimal spora, or invisible flocculi, held as it were *in suspensio* in the atmosphere, is, in our opinion, a sensible and philosophical theory of the transmission of disease. We may not be rationally able to account for all the phenomena which occur in connection with this theory, so also are we unable to account for all the phenomena which occur in relation to some other theories accepted and believed by the profession generally.

Medical men are not to be told that pure air is essential to health, and that impure air-breathed into the lungs produces disease and death. The operating chemist, the worker in brass, glass manufacturers, and workers in other branches which might be named are injured, often very materially, by the unwholesome air which they are obliged to breathe.

Loaded with the noxious exhalations arising from the minerals or metals being used, and additionally charged with other

impurities, the air is unfit for expanding the lungs and serving the other purposes of respiration. Hence we find such persons laboring under asthmas, coughs and consumption of the lungs, all of which owe their existence, ordinarily, to malaria or bad air; infection, as defined by the lexicographers, is the manner of communication. Air repeatedly breathed we know to be unfit for respiration; having lost its oxygen it does not produce perfect expansion in the lungs. The perspiration eliminated from a few persons in a small apartment renders the air equally noxious.

In cities many things tend to contaminate the air, and it is not to be wondered at that in crowded cities, and perhaps, too, neglected portions of large cities, that the mortality in consequence should be considerably increased. What is true of malaria, or bad air, in public assemblies, where, of course, ventilation is incomplete and noxious vapors are abundant, is also true of the sick room, and the patient infected with disease. The subtle effluvia of the infected room, so to speak, enters the blood, probably by being inhaled while breathing. This effluvia is very active in small-pox, measles and scarlet fever. I am inclined to receive as fact, that the attack of an infectious disease upon an individual in order to be successful, depends upon certain contingencies, viz: a favorable state of the atmosphere and a favorable condition of the body.

We have already alluded to the impurities of the air, which we consider a favorable state of the atmosphere in which infection can work, and is kept active. Now, in order to the consummation of the influence of infection, we need the favorable condition of the body on the part of him who is exposed. We know that the body is not at all times susceptible to the taking on of disease. It is presumed that when the body or system is at its nearest approach to comparative perfection of health, it is liable to take on disease. When peculiar diseases of chronic character exist, though they produce no very evident outward signs of derangement of the system, or sometimes when only functional disturbances of an acute character are present, the system then undoubtedly offers a favorable condition under which malaria and infection may do their work.

The character of labor pursued, the habits of the body, as those who are sedentary, inactive, or much confined within

doors—the nature and character of their ailment, their habits of sleep and rest, their clothing, their moral habits, cleanliness, &c., combine in imparting to the system of individuals the power to resist, or else take from the system the power to resist the influence of malaria and infection. A pair of healthy lungs, all other things being equal, may breathe a bad or malarious atmosphere for a time, without perhaps, exhibiting any marked external signs of injury, while a pair of partially diseased lungs would feel the influence very quickly and exhibit it by syncope, or some equally palpable sign.

The spora, so called, or invisible deleterious particles, which probably float in every atmosphere may be perfectly harmless unless under certain conditions, and miasmatic or malarious under others. If these invisible flocculi are organized, or composed of certain elements, may not certain conditions of the atmosphere be necessary in order to render them active? What these certain conditions are we may not be able to define. Perhaps a superabundance or predominance of some one of the gases composing the atmosphere may give them vitality and aid them in eliminating their inherent poison. If such is the case, and if at that time, a system favorably conditioned is subjected to the miasm or malaria, that system will hardly be able to withstand the influence brought to bear upon it.

In the room of a small-pox patient, or where one is sick of typhoid, scarlatina, ship fever, or any of those diseases which are popularly denominated contagious, the air or atmosphere is favorable for infection; but we know that physicians and the attendants upon such sick persons who have never been in any way defended from the liability of attacks, visit any such patients without receiving any infection. May not this be rationally accounted for on the principle laid down, that in order to a successful attack of an infectious disease, two things are essential, viz: certain favorable conditions of the atmosphere, and certain favorable conditions of the human system. If either one of the set of conditions are absent, no effect is produced; the conditions on both sides must be favorable in order to the legitimate results.

When an epidemic infection prevails, some whose systems are in a comparatively good condition, pass right along in their usual avocations, giving it no heed, and escape without

harm. Others whose systems are in an equally good condition, are soon seen to fall under its power. Although at the time the system is perhaps fully qualified to withstand any de eterious influences, the individual soon brings his system into the proper condition of affinity, with the condition of the diseased surroundings, and thus falls before the malarious or infectious influence.

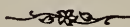
When epidemic diseases exist, (those which are popularly called contagious,) one set of conditions favorable to the spread of such diseases exist. Persons who are brought within the influence of those conditions are liable to receive it by infection, for if their systems are not then in a favorable condition for that purpose they soon will be if they continue to be long exposed to the malaria; and if they are subjected to the malaria when their systems are in a favorable condition to become infected they will hardly fail of receiving it.

But how are we to account for sporadic cases of infectious disease which sometimes occur? I can only account for them upon the theory which has been presented, viz: that these invisible spora or flocculi at all times exist, yet not at all times favorably conditioned for the purpose of infection. Certain elements, probably unknown to us and necessary to give them vitality, are absent; but when a favorable condition occurs, either when breathed into the lungs or in the local atmosphere, they find favorable elements to mix with; then we witness their effects in the development of disease. We speak of unwholesome air as being a common cause of disease. Is it the air, *per se*, which occasions disease, or is it the invisible spora or flocculi held in suspension which, being received into the system, there find favorable elements with which to unite and develop their power?

One reason why so many persons become seriously sick or pay the debt of nature during the prevalence of epidemics, may be rationally attributed to the fact that there are continually so large a number of people who do not approach the standard of good health. Comparatively slight derangements of the system, or those which are considered such by most people, receive no attention from them, and although they may produce no such marked inconvenience as, in their opinion, requires medical advice, yet at the same time the insidious influences are at work which will be very likely to culminate

in disease and possibly in death. Such persons are either in or are rapidly approaching, those conditions favorable to infection when the surroundings are favorable to that end.

This is an inexhaustible subject and one upon which we might theorize for an indefinite period. It is involved in mystery, to me at least, and affords a prolific topic of speculation. If there is any clearer light to be obtained than the dull glimmer which now exists it should be eagerly sought for. What has been presented, crude and undigested, has been offered for the purpose of calling up thought and eliciting information. As to thought upon the subject I have had much. As to information, that which is real and satisfactory, I possess very little. I trust that this subject will employ the thoughts and pens of the able members of the profession, that we may compare notes and attain to satisfactory results.



CHILBLAIN.

This may be considered by many readers as a very small affair to write about, but if they have happened to meet with as many painful and troublesome cases as have fallen to my lot, they would probably think otherwise. Of all the various accounts of this malady which have fallen under my observation, none have exhibited as good a description of it as that given by Helmuth in his work on Surgery.

He says it is an inflammatory affection, usually a secondary effect of cold, caused by heat and circulation being prematurely restored. It is commonly met with in the extreme parts of the body as the fingers, toes, heels, ears and nose ; as these are not only habitually exposed to cold, but also are of comparatively weak circulation and consequently of low power. The skin is at first pale and presents a somewhat shrivelled appearance, but this is in a short time succeeded by tumefaction and dark redness, with a sensation of heat and intense itching. The swelling sometimes cracks and bleeds also, and there is a tendency to ulceration.

These are usually the presenting symptoms in ordinary chilblain; however, if the disease advances the skin assumes a purplish cast, the tingling, burning and itching become intolerable and vesicles form which contain a serous fluid; these do not desquamate in the ordinary manner but burst and disclose beneath a painful and ill-conditioned sore, that discharges a thin, watery fluid; this ulcer is oftentimes slow to heal and may assume the character of an irritable or indolent sore, which is generally superficial but may become gangrenous, or may penetrate to a considerable depth, involving tendons or bone.

The milder form of the complaint—that unattended with ulceration—is of frequent occurrence in this climate during the winter season. It particularly appears on the feet of those who have been compelled to stand or labor in the snow, which melting penetrates the leather of the shoe or boot thus wetting the feet, which are often imprudently held near a fire and allowed to dry; this premature restoration of heat engenders the affection. Chilblain often disappears spontaneously in the summer but returns again in the winter season, generally attacking those parts which have previously suffered.

Helmuth says that this affection is very liable to occur in those individuals afflicted with dyspepsia, or other disease which renders extreme circulation imperfect.

In the treatment of this difficulty various remedies have been suggested. Some recommend when the skin is unbroken to paint the part with iodine. Tar ointment is said to be excellent. Rubbing the part with snow or applying cold water on the first appearance of the symptoms have sometimes been effectual. Heated alcohol or vinegar has proved very soothing and will often allay the inflammation. Turpentine or sweet oil, or equal parts of camphorated liniment and tincture of myrrh, have also been found very serviceable.

I have found the following preparations very good and have used more or less of them in every case which I have treated: R.—Lin. Saponis, one ounce; Ol. Cajepūt and Tinct. Cantharides, each two drachms. Mix. Apply occasionally. Or, R.—Ung. Citron, one ounce; Ol. Terebinth, two drachms; Ol. Olivæ, half an ounce. Mix. Apply night and morning. Or, R.—Acid Muriatic, one ounce; Aqua Pura, seven ounces.

Mix. Rub the feet for a few nights. Or, Bals. Peru, two drachms; Spts. Vin. Rectif., two drachms; Acid Hydrocyanic, one-half drachm; Tinct. Benzoin, two drachms. Mix. Rub on several times a day.

These preparations seem to meet the indications, but they are to be used in the early stages of the difficulty, before the skin is broken. There is one other combination, varying a little from the first one which has been recommended, but I have never had occasion to make trial of it. How far the camphor or the ammonia may add to the efficacy of the mixture, beyond the cajeput oil, a trial must determine. It is as follows: R.—Tinct. Cantharides, two drachms; Lin. Saponis, one and a half ounces; Spts. Camphor. vel Ammonia, two drachms.—M. Rub the part three times a day. In cases where the skin is broken, and sores are formed, they are to be treated by poultices and other agencies usual in similar cases.

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Interesting Surgical Operation.

The Portsmouth Chronicle says Dr. F. E. Potter, assisted by Dr. Johnson of Kittery, Dr. French of the College of Physicians and Surgeons, New York, and Dr. Stone of Harvard University, successfully performed the operation of laryngotomy or opening of the windpipe, on Mrs. Clough of Pickering street, who has for some time past been suffering from an obstruction to the breathing, caused by a tumor of the vocal cords, producing all the symptoms of diphtheria. An opening was made into the windpipe and a silver tube inserted, through which Mrs. Clough breathed with perfect ease. At the time of the operation the obstruction was so great that a few hours more would have closed the scene, but relief was instantaneous. The patient had been unable to swallow anything for two days and had not slept for 48 hours; after the operation she drank a goblet of milk, and expressed herself as comfortable.



MISCELLANY.

GERMAN physicians speak highly of pilocarpin in diphtheria.

BRONCHITIS recently prevailed in London, England, as an epidemic.

THE pharmacists of Illinois have had a convention and have organized a State Pharmaceutical Association.

THE Medical and Surgical Reporter recommends the following local application in diphtheria: R. Slycerine, one-half ounce; Tinct. Iodinii, one-half drachm; Acid Galicylici, 20 grains. Mix. This should be applied over the whole diphtheritic surface by means of a camel's hair brush.

SICK HEADACHE can often be greatly relieved and sometimes entirely cured, by the application of a mustard plaster at the base of the neck. The plaster should not be kept on more than a quarter of an hour.

THERE are over 7000 Americans studying in the German schools and universities. The American Consul at Wurtemberg estimates that \$4,500,000 are thus annually expended by Americans in Germany.

ERGOT. A French physician speaking of the treatment of epidemic dysentery, claims to have had great success with ergot. He gave seven or eight grains every four hours, the cure being effected in ordinary cases in two or three days.

DIABETES. Dr. John Day records a case of diabetes which had resisted all ordinary treatment for three years, which rapidly yielded under the influence of the "ethereal solution of the per-oxide of hydrogen," given in half drachm doses, mixed with an ounce of pure water, three times a day.

NASAL POLYPUS. Mr. Bryant of Grey's Hospital says: "Tannin used as snuff, while it has no effect upon the healthy membrane, causes the complete withering up and disappearance of the polypus. It should be blown daily up the nostril with a quill. The removal of the polypus before using the tannin is not necessary." He further adds; "The polypus does not return and the case is permanently cured."

CARBO LIGNI. From the properties that this agent is known to possess it would seem that it is properly applicable in all those cases of disease where there is a tendency to putridity, and from its efficacy when applied externally to sores and ill-conditioned ulcers, it is fair to conclude that when taken internally it will act with equal efficacy. As it is a perfectly safe remedy a more frequent resort to it is advisable.

ABUSE OF HEALTH. The blessing of health is what mankind are the least careful to preserve. They not only destroy it by riot and excess but through a blind credulity they foolishly intrust it to persons of no credit or experience, who impose upon them by their impudence and presumption, or seduce them by their flattering assurances of infallible recovery.—*Rollin*.

TEMPERAMENT. Dr. Dixon asks, "What is it?" and thus he answers the question: "It means nothing more than the physical condition of the man that gives him his position as an active or passive agent amongst his fellows."

DIGITALIS. For the suppression of urine this agent is very highly recommended by Dr. Russell in the British Medical Journal. He relates a case he had where there had been suppression for thirty-six hours. He ordered half an ounce of the Tincture of Digitalis on a large flaxseed poultice, to be applied to the abdomen. A large flow of urine took place, and though the urine passed before the suppression contained a large amount of albumen, it was now quite free from it. Convalescence was rapid.

THE BENNE PLANT. Dr. Smith of Baltimore recommends this plant in dysentery and cholera infantum, other proper means being also used. An infusion from dry leaves forms a clear, mucilaginous, insipid drink.

HAY FEVER. An English paper says this difficulty may be greatly relieved by the use of Aqua Camph.; snuff it up the nostrils and bathe the closed eye-lids with it.

GRAVEL. In this difficulty it will be found very beneficial to drink Aqua Calcis in gill doses repeatedly; also small draughts of coffee without milk or sugar; also mucilaginous drinks.

INFANTILE DIARRHŒA. The Medical Independent presents the following remedy: R.—Tinct. Opii, three drops; Oil Ricini, one drachm; Syr. Ginger and Muc. G. Acacia, of each one drachm. Mix and give a teaspoonful three times a day.

PERUVIAN BARK. Dr. Heberden recommends the use of this agent in inflammations tending to mortification; also in confluent small-pox; also in asthma; this latter disease he says yields to this remedy.

CAUTERIZING THE DENTAL NERVE. Dr. Roberts, an eminent Scotch surgeon, gives the following directions for this operation without pain. He applies a perfectly cold wire to the patient's tooth and afterwards instantaneously heats it to the required degree by a small electric battery.

BOILS. Dr. Scudder observes that where boils are being continually developed the use of lime water will effect a radical cure, given in wineglassful doses three or four times a day. We wish to corroborate Dr. Scudder's statement, as we can do from experience in the use of lime water in those cases in our own practice.

CLEAN THE POULTRY. The following, taken from the daily press, is highly important and should be heeded: "As a late result of scientific research, the public is informed that dangerous poisons are formed within the bodies of dead poultry from which the entrails have not been removed for some time after death, and that human beings may, and as a matter of fact have, lost their lives in consequence of eating the flesh of fowls in this condition. Common sense always taught that poultry certainly could not be improved by the presence within it of a mass of putrefying intestines; and now that science gives authority, let such sales be prohibited by law.

SMALL-POX has been visiting Havana.

TYPHOID FEVER has prevailed in New York.

It is proposed by the French Government to hold a congress of electricians at Paris in September next, to which the United States has been invited to send representatives.

DR. HENRY M SAVILLE, formerly of Boston, recently died in New York, aged 47 years.

PROF. ALPHONSO WOOD, botanist, died in New York, aged 81 years.

DR. ELIJAH COLBURN died recently at Nashua, N. H., aged 86 years.

LETTUCE. The ancients were acquainted with this article, especially with its power to produce sleep, and as such its virtues are commemorated by poets and philosophers. Frequent allusions to this article occur in the medical writings of antiquity, and we are told that Galen, in the decline of life, suffered much from morbid influence, until he had recourse to eating a lettuce every evening, which cured him. Among the fables of antiquity, we read that after the death of Adonis, Venus threw herself upon a bed of lettuces to lull her grief, and repress her desires.

POISONS. All animal and vegetable poisons destroy by deoxidizing the blood. Substances which contain a large portion of oxygen are the real antidotes to such poisons. On the contrary, metallic poisons are baneful in consequence of the oxygen they contain. Metals are devoid of activity in a metallic state, but when converted into oxides they become poisonous and corrosive according to the portion of oxygen combined with them. Thus the gray and white oxides of mercury are only purgative or alterative, while the red oxide is a corrosive poison. Decoctions of bark, having a great affinity for oxygen, have been given to counteract an over-dose of antimonial powder, and have produced the desired effect.

SMALL POX. Mr. Edward Hine, in the "Liverpool Mercury" asserts that the worst case of small-pox can be cured in three days by the use of cream of tartar,—an ounce dissolved

in a pint of water,—to be drank at intervals, when it is cold. He pronounces it “a certain cure,” and that it is a “never-failing remedy.”

DISCOVERIES. Very few of the valuable discoveries in medicine have been made by physicians. They have in general either been the effect of chance, or of necessity, and have been usually opposed by the faculty, until every one was convinced of their importance.

THE PULSE OF ANIMALS. From experiments made in Paris it has been ascertained that the pulse of the lion beats 50 times a minute ; that of the tiger, 96 ; of the tapir, 44 ; the horse, 40 ; of the wolf, 45 ; of the fox, 43 ; of the bear, 38 ; of the monkey, 48, and of the eagle, 160. It was impossible to determine the beatings of the elephant's pulse.

CALORIC. The cause of the sensation of heat is denominated caloric. Philosophers are not completely agreed whether it is a property only of bodies, such as a vibration of their particles, or a peculiar substance, but the latter opinion is the one more generally adopted. The idea of caloric being motion or vibration, originated with Lord Bacon.

DR. LEVI DODGE died in Fall River, Mass., aged 61 years.

PROF. WM. C. FOWLER died at his home in Durham, Conn., on the 15th of Jan., aged 87 years. He was a graduate of Yale in 1816, and was several years a tutor there. He was professor of chemistry in Middlebury College, Vermont, for some years, and afterwards several years professor of rhetoric and oratory at Amherst College. He was a son-in-law of Noah Webster and editor of the university edition of Webster's Dictionary in 1845, author of a treatise on the English language and several literary and historical works. He was a member of the Connecticut Senate in 1864.

DYSENTERY. An exchange recommends the following: Mince raw beef very fine and give two teaspoonfuls at a time once in four hours, eating nothing else in the meantime. When the disease is chronic the British Medical Journal advises to give powdered ipecac, in three to five grain doses, every three hours.

MEMORANDA

- 1500. The sweating sickness prevailed in London, Eng.
- 1502. Medical lectures were established in England by Dr. Linacre.
- 1504. A desolating plague raged in China and in Ireland.
- 1508. Guaiacum was in use as a medicine in Europe.
- 1513. Medical men in London, Eng., were exempted from service on juries.
- 1515. Malignant throat distemper raged in Holland.
- 1518. The College of Physicians founded in London, Eng.
- 1524. Dr. Thomas Linacre died in England, aged 64 years.
- 1531. Sweating sickness prevailed in Germany.
- 1532. Belladonna was in use in Europe as a medicine.
- 1533. Bills of mortality began to be kept in London, Eng.
- 1541. Paracelsus died in Germany, aged 48 years.
- 1545. A botanic garden established in Leipsig, Germany.
- 1557. Spotted fever extensively fatal in Spain.
- 1563. The plague in London destroyed 20,000 inhabitants.
- 1580. The plague prevailed in France.
- 1585. Malignant pleurisies prevailed in Europe.
- 1590. The plague at Rome, Italy, destroyed 60,000 lives.
- 1591. Epidemic catarrh prevailed over most of Europe.
- 1592. The plague in London, Eng., destroyed 18,000 lives.
- 1596. Famine and a pestilence visited France.
- 1597. The plague visited Geneva, Switzerland.
- 1593. The plague reappeared in London, Eng.
- 1599. An epidemic among cattle prevailed in Venice, Italy.
- “ The plague in Spain carried off 70,000 persons.

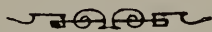
EDITORIAL NOTES.

The Massachusetts Eclectic Medical Journal.

The editor is happy to announce that the Journal has started under very favorable circumstances, and is meeting with a success that promises its stability. It is hoped that all Eclectics in the State who desire its permanency will furnish the means to insure it, by sending their subscriptions at once to the office, thereby placing at our disposal the means to improve its general appearance. The change in the size of the type of the present number will give it a decided superiority over the first issue, and we propose further improvements as fast as they are indicated, and as our means will permit.

As we have commenced upon principles of librealty, so shall we continue, and to that end we shall be happy to receive and publish communications from physicians of respectability whether Eclectic or not, though we do not hold ourself responsible for the medical opinions of any correspondent.

We have made preparations to receive as advertisements, a limited number of physicians cards, which will be inserted at the price of \$10.00 per year or \$2.50 for three months, payable in advance. None taken for a less period than three months. Address editor Massachusetts Eclectic Medical Journal, 31 Cornhill, Boston,

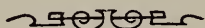


Massachusetts Eclectic Medical Society.

The twentieth semi-annual meeting of this society was held at the Revere House, Boston, Jan. 12th, 1881, and in numbers and interest was one of the most successful meetings ever held by this society. Drs. James Campbell of Marlboro and W. H. A. Young of Springfield, after being duly examined, were admitted to the society. Essays were read by W. A. Hubbard, M. D., of Billerica: subject, "The Profession of Nursing"; J. A. Tabor, M. D., of Lawrence, "Anæsthetics"; A.

J. Marston, M. D., of Plymouth, N. H., on "Martins Elastic Bandages"; J. M. Aldrich, M. D., of Fall River, on "Poisons versus Medicines," with criticisms on Dr. Scudder; the essays were fully discussed. The next annual meeting of this Society, will be held at the same place, June 2nd and 3rd, 1881.

A. L. CHASE, Secretary.



The Boston District Eclectic Medical Society.

This body held its annual meeting in January, for the transaction of its usual business, more especially for the election of officers. The secretary presented an interesting report, giving the additions made to the Society and a general review of its labors for the year. The report of the treasurer reviewed the receipts and expenditures, showing a handsome balance remaining in his hands. The following gentlemen were elected to the several offices of the Society:—

R. W. GEDDES, M. D., of Winchendon, President.

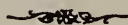
J. P. BILLS, M. D., of Pocasset, Vice-President.

H. G. BARROWS, M. D., of Boston, Secretary.

J. W. TOWNE, M. D., of Charlestown, Treasurer.

Councillors—C. E. MILES, M. D., of Boston; J. B. M. DICKINS, M. D., of Newburyport; J. D. YOUNG, M. D., of Lawrence

After the transaction of business the members partook of a bountiful repast prepared by the proprietor of the Park House in Montgomery place, and a poem delivered by one of the members terminated the exercises of one of the most pleasant anniversaries that the Society has enjoyed.



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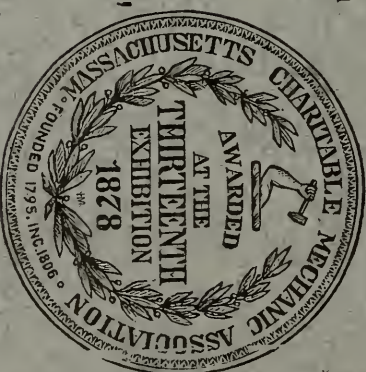
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DEVOTED TO

Medicine and General Science

H. G. BARROWS, M. D.,

FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY,

EDITOR.

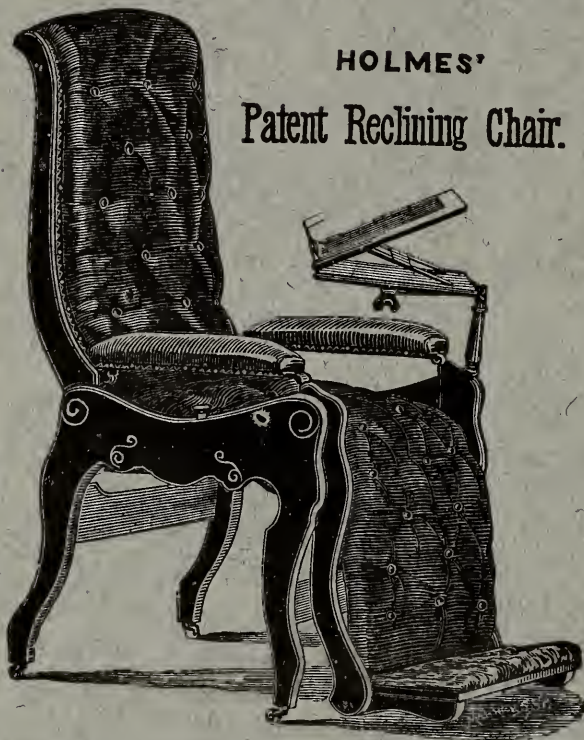
“Magna est Veritas et Prævalebit.”

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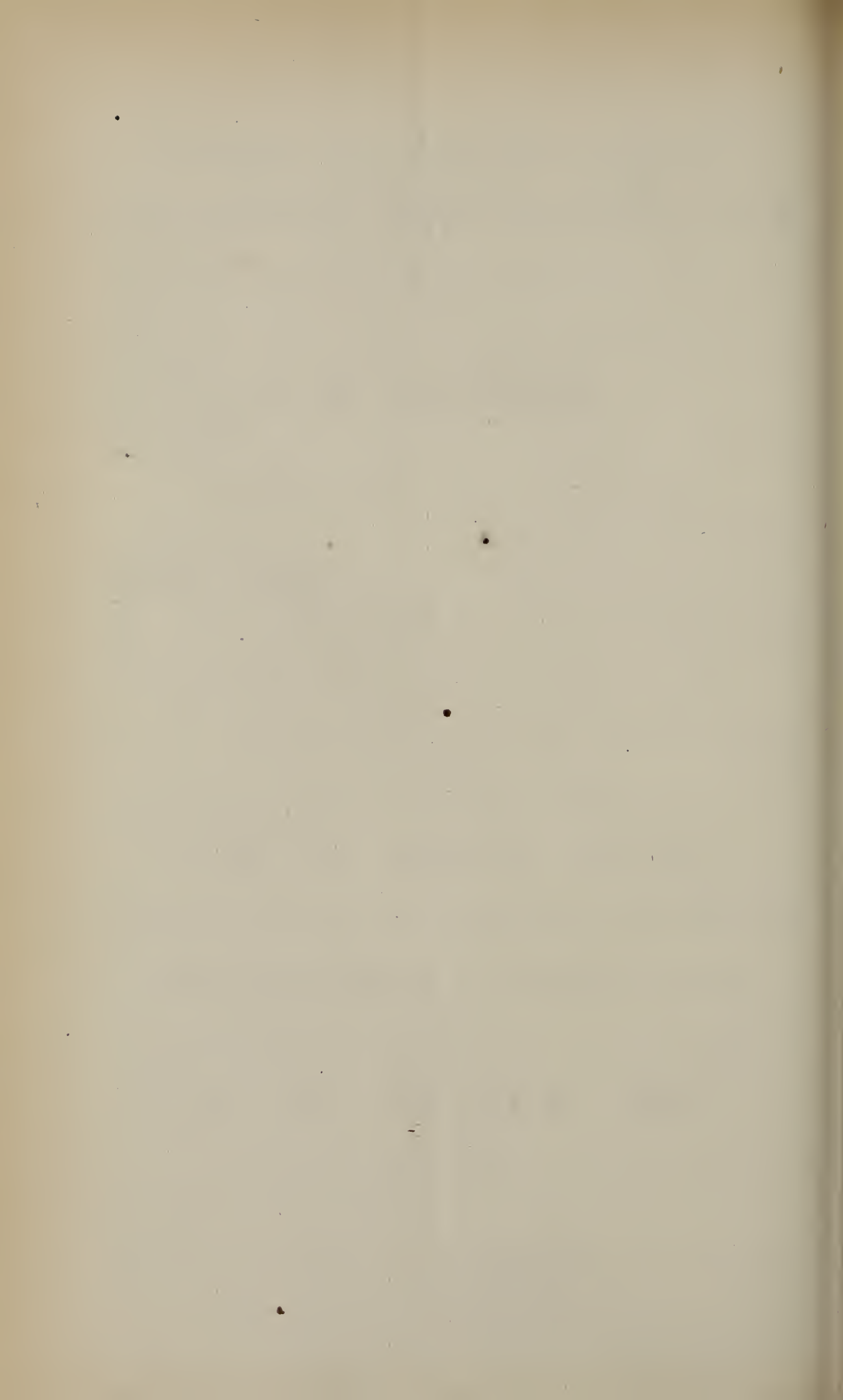
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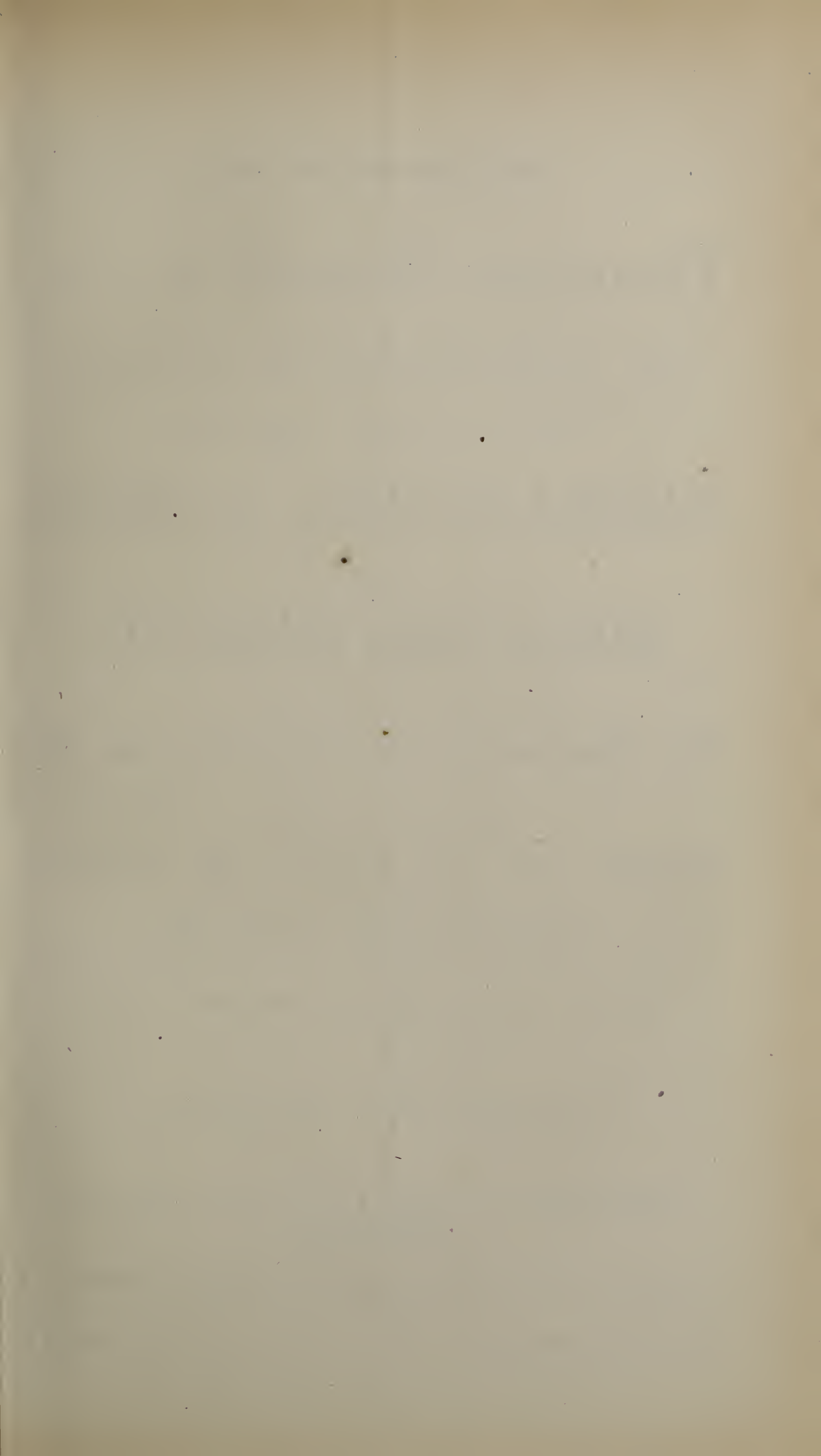
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Eclectic Medical Journal.

VOL. 1.

BOSTON. MARCH, 1881.

No. 3.

Fibroid Tumors of the Uterus and Ovaries.

By G. H. Merkel, M. D., Boston.

(READ BEFORE THE BOSTON ECLECTIC GYNECOLOGICAL AND OBSTETRICAL
SOCIETY, MAY 28, 1878.)

The diagnosis and treatment of fibroid tumors generally, especially those of the uterus and ovaries, has, for many years, been a subject of considerable discussion and serious doubt, not only amongst our most skilful and eminent general practitioners, but also with those who have made this important and difficult department of gynæcology their special study. The diseases to which the female generative organs are specially liable are so numerous and varied in their nature, that a skilful and exact diagnostician must necessarily spend the greater and most valuable portion of his time in practical investigation into the causes, symptomology, and treatment of uterine derangement before he can hope to attain any fame as an expert, or achieve any permanent success. Now, it is only because it has fallen to my lot, in the course of my professional career, to have a large number of these puzzling and troublesome cases committed to my care, and because I have had, in the majority of them, the good fortune to meet with marked success in the mode of treatment I have adopted—that I now venture to present my views and experience on this vitally important subject, for the consideration of my professional brethren on this occasion. We may each of us learn some extremely useful and practical lessons from this friendly interchange of our clinical experiences, and feeling convinced that much good will be derived from the discussion

and interchange of thought to myself, at any rate, and I trust to all of us, I propose to direct your attention, in the first instance to the—

Etiology of Uterine and Ovarian Fibroid Tumors.—

The literature of fibro-cystic tumors of the uterus is very recent; for, up to the year 1869, Koeberle, of Strasbourg, informs us that only fourteen cases had been recorded, and of these two were not discovered until autopsy. In the same year, Dr. C. C. Zee, of New York, collected and reported nineteen cases, and published them in a very interesting paper. At about the same period too, Dr. Gaillard Thomas, of New York, published the account of a case of inversion successfully reduced by dilatation of the constricting neck through an opening in the abdomen made by section through its walls. This procedure met with great disfavor, and has not since been repeated, except by its author.

The round Uterine Fibroid, (Myoma is its generic term,) is the most frequently met with in modern practice. It resembles the uterine parenchyma in its structure, but is developed within the parenchymal folds as a round tumor. Bayle asserts that fully 20 per cent. of the females who die subsequent to thirty-five years of age are afflicted with fibroid tumors. Klob, another reliable Gynæcologist, remarks that 40 per cent. of the deaths among women over fifty years of age arise from that cause. But, whether these estimates are correct or not, sufficient is actually known to warrant us in asserting that it is one of the most prevalent and obstinate of the diseases which the uterus is heir to. It is generally believed by American practitioners that negroes and mulatto women are peculiarly liable to uterine fibroids—appearing, in many cases, as early as twenty years of age; though uterine carcinoma and fibroids of the ovaries are but seldom met with among them.

Schraeder, in his admirable and exhaustive monograph on this subject, gives the following comparative tabulated statements of the ages of patients coming under the treatment of himself and his contemporaries, remarking that as these tumors frequently gave no tangible evidence of their presence until they had reached an advanced stage of development, their origin must be dated back considerably; but that none of them occurred prior to puberty. Of these 33 cases were

between 20 and 30 years of age when first treated; 54 were between 30 and 40 years; 62 were between 40 and 50 years; 19 were between 50 and 60 years; 1 was between 70 and 74 years; making a total of 169 cases.

The exciting or originating causes of these fibroid growths are but little known or understood, from the excessively sympathetic susceptibilities of this organ. That some local irritation favors or determines this peculiar development is undoubted—but the question is what is it? There are numberless sources from whence it might possibly be traced; but as the patient herself is frequently ignorant or doubtful as to the period or cause of the trouble, and can give no intelligible history of the ailment,—the physician is, necessarily, completely in the dark in this respect. Schroeder, commenting upon Blake's absurd hypothesis that abstinence from sexual indulgence and sterility, were the chief exciting causes, shrewdly remarks that, among 514 cases treated by himself, West, Routh and Dupuytren, 421 were married, and that doubtless the majority of the small remainder (19 per cent.) did not debar themselves from sexual pleasures. As regards the influence of sterility on fibroid tumors, the reverse appears to be the case—the fact being that out of 196 cases, there were but fifty sterile, 119 were mothers, and twenty-seven had never borne children—demonstrating that sterility did not induce fibroids, though fibroid growths were frequently followed by sterility, which may be caused by the metritis, the narrowing of the uterine cavity by the presence of the tumor, or a closure of the tubes.

As to the pathology of uterine fibroids, the circumscribed limits of this paper will not permit more than a very brief glance at this chief features. It usually presents itself as a distinct, round tumor, entirely separate from the parenchyma proper; and consists of unstriped muscular fibre and connective tissue. If the fibre predominate, it is called myoma or a leiomyoma; if its chief component be connective tissue, a fibro-myoma or fibroma. It is usually firm, fibrous, and almost cartilaginous; though exceptionally, the opposite may be the case. The tumor may either be single-lobed, or be divided into several distinct lobes, and, if sectionized, the exposed surface will prove of a reddish gray, a whitish gray, or a pure white, according as it contains less or more tendinous

tissue. The walls of the uterus will generally be found much thickened and the uterus hypertrophied, especially in subperitoneal fibroids. Large arteries are seldom enveloped in its folds, though a few blood-vessels may occasionally enter, with the bands of connective tissue.

Those fibroids which are closely adherent to the uterine wall will contain, in all probability, vessels of considerable size, while those that are simply embedded in the tissue will be found feebly vascular. In the interstitial variety, the vascularity is so marked that a cavernous structure is developed, not unlike the seat of the placental adhesion in advanced pregnancy. There are still other alterations it may undergo, such as softening, induration and calcification. The softening may arise from single oedema, fatty metamorphosis, or myxomatous degeneration; induration which takes place in connection with fatty metamorphosis, may be looked upon as an interstitial inflammation, the result of pressure induced by the cicatricial contraction of the connective tissue. Calcification naturally follows induration, from the deposit of the salts of lime; but this only occurs in subperitoneal and interstitial fibroids, and these may usually be got rid of by expulsion, as in the case of uterine calculi.

In the earlier ages of medicine, these calcareous myomata were known under the name of "Uterine Stones"—several interesting and somewhat amusing instances being given of their occurrence by Hippocrates, Velpeau, De Coze, Courty, Duncan, Arnott, Saxinger and Henoque.* As a general rule, calcareous degeneration is only met with in the smaller interstitial tumors.

A very frequently occurring variety of the uterine fibroid, is the fibro-cystic tumor. These are not, as one might suppose, newly formed cysts, but simply gaps or caverns in the connective tissue, filled with serum. They may originate from various causes: First—From the tissue being driven apart, during great oedema of the fibroid. Second—By the effusion of blood, chiefly during pregnancy. Third—From masses which have undergone fatty degeneration, breaking down into a detritus that becomes fluid; and also through myxomatous degeneration of tissue. It is only under the first named form that we find the colossal mixed

*Ziemssen, Vol. X, page 227.

tumors. They are soft, and comprise a large number of separate cysts. Boinet observes that these are frequently confounded with and mistaken for the more solid ovarian cysts which have become firmly adherent to the uterus, as well as with fibroids surrounded with peritoneal adhesions.

It is very rarely the case that these fibroid tumors become carcinomatous—one instance alone being cited by Klob, in which primary cancer originated in a fibroid growth; but the secondary extension of carcinoma to a fibroid tumor, and the complication of fibroid of the uterine body with carcinoma of the cervix is not frequently met with. Fibroid tumors are also often transformed into sarcoma, or myosarcoma, as they are more properly called, and, through the softening of individual portions, and apoplectic effusions, into cystic myosarcoma and myxosarcoma.

The fibroids of the body of the uterus, are divided into the sub-serous, the sub-mucous, and the interstitial. The sub-serous fibroid is identical with the peritoneal polypus of Virchow. As it grows outward, it naturally pushes the peritoneum before it. They are usually firmly attached to the uterine wall; their complete separation being extremely rare. Virchow says he never saw a case of total detachment, though Rokitausky mentions several, and so does Simpson. If the growth of these sub-serous fluids remain unarrested, they draw the uterus up so powerfully, as to finally separate the cervix from the body, and if the tumor should simultaneously turn on its axis, haematometria or hydrometria would probably occur. Sometimes the fibroid, by its great weight, causes prolapsus uteri. It is seldom that an isolated sub-serous fibroid is found; they usually appear in clusters. Of this class of fibroids, I present two cases now under my care, (the one uterine and the other ovarian,) to which I shall subsequently allude more particularly under the head of "treatment."

The Sub-Mucous Fibroid, which grows inward into the cavity of the uterus, does not originate in the tissue immediately beneath the mucous membrane, but often takes its rise from the deeper parts, pushing its way towards the mucous membrane, which it displaces. It may either retain the character of a sub-mucous fibroid being attached by a broad base to the uterine walls or imbedded in the uterine tissue; or, on the other hand, it may separate itself from the inner surface

of the womb, like a polypus, when it is termed a fibrous polypus. These polypi are at first round, but afterwards assume the pear shape, oval, or hour-glass form, according to the condition of the uterus at the time. They are usually tumors with a simple centre, and only occasionally taking the lobular form. They almost always occur singly as polypi, but subserous and interstitial fibroids are often associated with them. They are softer than fibroids, and more subject to metamorphosis of tissue, but never experience calcareous degeneration. An instance of this kind in one of my patients will be subsequently referred to.

Interstitial, Intra-parietal, or Intramural Fibroids are so called because they are firmly attached to and actually form a part of the uterine wall. Their position varies, projecting inward or outward, and sometimes spreading in both directions. They are also frequently transformed from one to another of the forms we have already referred to. In interstitial tumors, the adhesion between the uterine parenchyma and the tumor is maintained for a longer period than in the other descriptions, so that large vessels are frequently involved in their substance; they grow with greater rapidity, and are more susceptible of changes of tissue. The uterus is generally hypertrophied, but seldom atrophied. Sometimes, even when very large, they have but one centre, but frequently they are found in clusters, when they become lobulated and uneven. They are generally located in the posterior wall and fundus, and grow to an enormous size. Walter mentions one which weighed 71 pounds, and Binz speaks of another weighing 62 pounds. When they are so large, they are usually isolated; the smaller sized tumors are generally accompanied by others of the same or different varieties. A case is mentioned by Schultze, of a woman eighty-three years old, who had fifty such growths in her uterus at one time and Kirvisch and Cruveilhier tell of another in which forty tumors were found. The larger ones usually project inward, but where numerous growths are found, the tumors project in every direction. The abdomen of the patient suffering from one of these leviathan growths is fully equal, and often considerably exceeds in size that of a person in the last stage of pregnancy. Dr. Dejen, of Farth, mentions a case in which a tumor of twenty years' growth, consisting of twelve distinct

tumors conglomerated, of sizes varying from that of a hickory nut to that of a man's fist, and almost entirely covering the uterine wall. Neuschler cites another case, in which the patient had a firm uterine fibroid, weighing 93 pounds, four times the size of a man's head, which in the course of ten years attained such a size that it caused the abdomen to hang down as low as the knees.

Fibroids of the cervix occur in the same forms as those of the body of the uterus, but they are extremely exceptional. The sub-mucous cervical fibroid generally takes the form of polypus, and from its great weight not unfrequently occasions secondary prolapse of the uterus, by drawing down the mucous membrane, crowding the body of the uterus to one side and obliterating it.

The most uncommon form of cervical fibroid is that which grows outward, penetrating the connective tissue in the region of the vagina, and palpable on digital examination, as a series of knotty tumors, pushing forward the vaginal mucous membrane.

Symptomatology.—The symptoms and action of fibroid tumors are so varied, according to their location, that they cannot be considered or spoken of collectively, without great risk of error in diagnosis. Sub-serous tumors produce a feeling of weight, bearing down and pain in the back, a frequent desire to pass water without the ability to do so, a difficulty in defecation (not constipation), paralysis of the lower extremities, and ascites sometimes supervening from the various complications attending its progress. Chronic metritis and sterility frequently result, and all the symptoms are usually aggravated during the menstrual period. Fibrocystic tumors sometimes evince the same symptoms, though generally they are more readily allied to ovarian cysts.

Sub-mucous fibroids develop much earlier than the sub-serous, from the rapid distension of the uterus which they occasion. The uterus often gives indication of the presence of gases, and indeed it is difficult in many cases, to assign any other cause for the extraordinary inflation of the organ. As a natural sequence, leucorrhea and hemorrhages ordinarily accompany this form of growth. Menorrhagia, dysmenorrhoea and anaemia also are not unfrequently present in severe cases.

Interstitial fibroids are very erratic in their action, sometimes resembling the sub-serous in their symptoms, and sometimes the sub-mucous. The smaller ones situated in the anterior wall, occasion ante-flexion if on the posterior wall, retro-flexion of the uterus. When they encroach upon the uterine cavity, blennorrhœa and hemorrhage inevitably result. If the growths are numerous, dysmenorrhœa of a violent character and ultimately sterility ensue.

Cervical fibroids are always accompanied by catarrh of the cervical mucous membrane, dysmenorrhœa and sterility, but the patient is very rarely visited by severe hemorrhage.

Fibroid tumors of every description generally terminate in arrest of growth; they solidify, but do not increase in size. This arrest takes place earlier in sub-serous than in the other descriptions. They do not however, (except in very extraordinary cases,) enlarge after the menopause, but rapidly diminish in size from that time until their complete disappearance. Ovarian tumors on the contrary, have no such period of retrocession, but go on enlarging until death terminates the patient's sufferings. Schroeder makes mention of no less than thirty-six cases of fibroid tumors, in which they ultimately disappeared. There are other instances mentioned in which fibroid tumors have led to perforation into other organs, occasioning destruction or gangrene of the intervening parts by pressure.

Diagnosis.—Sub-serous fibroids in their earlier stages, are not likely to be mistaken if carefully manipulated; but when they attain the size of the normal uterus, it may easily be mistaken for an ante-flexed or a retro-flexed uterus; the question being which of the two tumors is the uterus. It is true that they vary in consistency, the uterus being soft and the tumor hard. If a doubt still remains, it can easily be ascertained by the use of the sound.

At a still more advanced stage, the tumor may be confounded with intra-peritoneal exudations or retro-uterine hæmatocele, though these are not so round and are firmly attached to the walls of the pelvis. Their identity can however be determined in most instances by their early history and subsequent course.

The differential diagnosis of an ovarian tumor can be more easily and accurately accomplished by an exploratory puncture

with a small trocar, or by the aspirator than by any other means. It is often impossible to determine (even in the dead body,) between an ovarian tumor firmly attached to the uterus and a sub-serous fibroid or a large fibro-cystic tumor.

Interstitial fibroids in their incipient stage, are very difficult of recognition; it is only when the hardness of the fibroid can be brought into direct contradistinction with the relaxed walls of the uterus that they can be recognized with certainty. If the tumor be very large and the cervix is located far back and high up, it will be difficult to distinguish whether it is simply an enlargement of the uterus or whether the uterus is lying behind the tumor; the uterine sound can alone determine the question. The greatest difficulty of all is in the differentiation between interstitial fibroids and chronic metritis or pregnancy. In chronic metritis the uterus is flatter, and at the same time tender to the touch; in fibroids it is round and not tender, unless inflammation exists. In metritis the sound readily passes up through the middle of the uterus; in fibroids it passes with difficulty and then only to one side of the centre. These tumors may be easily distinguished from normal pregnancy, by the consistency of the tumor and the difference in the vaginal portion of the uterus, which is soft and spongy in pregnancy but hard in fibroids.

Sub-mucous fibroids may be distinguished from chronic metritis and pregnancy by one peculiarity, viz.: that in the fibroids the cervix soon disappears. Confusion is much more likely to take place in comparing it with atresia of the external os and consecutive hæmatrometa, as there is a disappearance of the cervical canal in each case. Careful sounding and attention to the history of the case are the only certain means of avoiding error.

Fibroids of the cervix may be easily diagnosed, the distension of one lip by a round hard tumor being its especial characteristic.

Treatment—This portion of the subject is by far the most important and the most difficult, for many reasons, the most prominent of which is the wide difference of opinion which exists among practitioners as to the causes which operate in the production of fibroids.

A myoma having developed itself in the uterus, the first matter for the physician's consideration is as to which course

is the most practicable and the most likely to be attended with success—the removal of the tumor or the amelioration of the most urgent symptoms.

The remedies usually employed (outside of extirpation by the knife,) are Iodine, Iodide of Potassium, Bromide of Potassium, Chloride of Calcium, (a remedy much in favor with the English physicians from a belief that it promotes atheromatous degeneration of the vessels,) and various preparations of ergot. Gueniot adopts arsenic and phosphorus as a means of inducing fatty degeneration. Electricity has been frequently employed as an agent to promote the absorption of fibroids.

Many Gynaecologists rely solely upon the radical removal of these growths, which may be effected in one or two ways, through the vagina and cervix, or by means of laparotomy through the abdominal walls; but each of them is necessarily accompanied with considerable danger. Interstitial tumors may of course be attacked either by enucleation from within and removal through the vagina, or by opening the abdominal cavity, and the entire amputation of the uterus with its dependent growths. The manifest danger in each of these courses is too self-evident to need comment. Sub-mucous tumors are enucleated and withdrawn per vaginam; the sub-peritoneal growths are generally subjected to the operation of laparotomy. Enucleation, proposed by Velpeau, was practised by Amussat in 1840. The operation for the removal of sub-mucous tumors may be thus briefly described. The dilatation of the os uteri to the utmost extent is primarily necessary, which can be effected only in the case of obliteration of the cervix by incision through the entire cervix to the internal os, (an extremely dangerous operation;) if the cervix is intact, dilatation by the sponge tent will be found sufficient. When by either means one or more fingers can be introduced, a longitudinal or crucial incision must be made in the mucous membrane of the tumor and separated from the tumor as widely as possible. The tumor must now be firmly seized and drawn down, passed through the extended os, and the remaining adhesions be severed by the fingers or some suitable sharp instrument. If strangulation within the true pelvis be threatened, another source of danger presents itself in the necessity for the hazardous operation of removing as much of the tumor as can be got at by the *ecraseur* or knife. The enucleation of

interstitial fibroids is much more hazardous, even than the sub-mucous, for the reason that there is greater difficulty in reaching them, and the impossibility under ordinary circumstances of knowing how near or to what extent the peritoneum is involved. It should therefore be undertaken when symptoms directly threatening life supervene. By the administration of ergot, nature will be materially aided in the expulsion of the growth which you have by the knife already somewhat loosened. In many cases, the removal of the mucous covering causes gangrene, which of course necessitates the immediate removal of the fibroid at all risks. In any way, and under the most favorable circumstances it is a very dangerous operation, and Prof. Thomas, one of the most determined—we might almost say the only advocate for its adoption, admits it to be more dangerous and more difficult than ovariectomy. It is only practicable in multiparous women, and even with them, a large number die of pyæmia or septicæmia as an immediate sequence of the operation. As we have said, it is not unfrequently found impossible to complete the operation; in such a case the result must be absolutely fatal.

In the enucleation of large sized fibroids, the mechanical appliances used in protracted and difficult parturition will be found the most useful and effective. In cervical fibroids (from their greater accessibility) enucleation will generally answer all purposes.

The operation of laparotomy is generally confined to pure sub-serous fibroids, but unfortunately the proportion of recoveries to deaths is very small. Drs. Heath and Clay, of Manchester were the first to adopt laparotomy as a means of removing uterine fibroids in 1843—44, the cases ending fatally.

In 1853 an American physician named W. Burnham achieved the first recovery. Since that time the operation has been frequently performed, but with very partial success as is evidenced by Boinet's calculations which will form a fair criterion for the rest. He says that out of 42 laparotomies, with removal of the uterus there were 32 deaths and 10 recoveries; 23 operations with single removal of tumor, 15 deaths and 8 recoveries; 14 laparotomies, abandoned, unfinished, 5 deaths and 9 recoveries.

Among the more recent cases we have 108 laparotomies for uterine fibroids, 78 deaths and 30 recoveries, (which

included 73 operations with removal of uterus, 55 deaths and 18 recoveries, while 35 operations without removal of uterus gave 23 deaths and 12 recoveries.

In my opinion, the best and most beneficial course is to arrest the progress of the growth by removing all influences inducing increased supply of blood to the genitals; strict abstinence from sexual intercourse, judicious bathing and the use of ergotine. Rest—perfect rest—in a recumbent position is of course vitally essential. But the main-stay, the foundation of all treatment, is the administration of ergot; if internally, in the form of powder, 8 grains every one or two hours, or decoction $\frac{1}{2}$ drachm to $1\frac{1}{2}$ drachms in 3 fluid ounces of water. I much prefer however, the hypodermic injection in the form of ergotine to which I shall subsequently refer.

Intra-uterine injections are sometimes recommended as adjuncts to restrain hemorrhage. For this purpose, Savage prescribes the following injection after dilatation of the cervical canal: Iodine, lxviii grains; Iodide of Potassium, cxvi grains; Alcohol, xviii fluid drachms; Aqua Distil., vi fluid ounces; and also the pure Tincture of Iodine, for which he claims excellent results.

There are several forms of Ergotine for hypodermic injection in the market. The first recorded is Laugenbeck's alcoholic solution: Aqueous Extract of Ergot, xxxviii grains; Glycerine and Dilute Alcohol, of each ii drachms.

Hildebrandt, who was so far as we know, the first to adopt this remedy for the reduction of fibroids by hypodermic injection, substituted the following preparation: Aqueous Extract of Ergot, xlvi grains; Glycerine and Distilled Water, of each, ii drachms, claiming that the use of that solution, if the injections were made deep enough, would be far less liable to be followed by local trouble.

Swiderski, desiring to meet all views and all conditions of the organ, prepared the four following solutions:

	1	2	3	4
F. Ext. Ergot,	38 gr.	31 gr.	38 gr.	15 gr.
Alcohol,	139 m.	92 m.	46 m.	27 m.
Glycerine,	91 m.	123 m.	154 m.	37 m.
Distilled Water,	—	—	—	68 m.

The general objection to the use of either of these preparations in the manner and quantities indicated, was that great pain ensued on their administration, and that they caused a prolonged induration, and sometimes an abscess at the point of puncture.

Accordingly, Wernich in the year 1874, being convinced that Ergotine was the only effective remedy, notwithstanding the comparative or apparent disadvantages attendant on its administration hitherto, maintained that the Extract of Ergot of the German Pharmacopoeia, in the form of a pure ten per cent. solution, would be found effective. He accordingly for the first time in the annals of chemistry, prepared an Extract of *Secale Cornutum*, (or Ergotine,) and clarified it, which had the merit of being very pure and effective; capable of rapid absorption, and causing scarcely any pain. His preparation was made from the pulverized root, freed from all fatty and other matters soluble in alcohol, extracting it with water, and cleansing it from mucilage and other impurities by filtration. Though the preparation is very expensive, yet its effectiveness, purity and the happy results accomplished by its use, place it at the very apex of all known remedial and curative agents. Its operations have been reported by Bengelsdorf, Keating, Ashhurst, the Philadelphia Obstetrical Society, and by Goodell in his report to the Pennsylvania Medical Society, as most benign, effective and permanent in its results; and I can conscientiously add to the recommendation my own personal experience during the last three years, and testify that the most satisfactory results have been accomplished in every case in which I have employed it. I can bring to my recollection twelve cases of uterine and ovarian fibroids, during that period in which marvelous results have been accomplished by its use, seven of which are entirely cured, and the remaining five, which were serious and difficult cases have already recovered. I will cite four cases as illustrations, and as tangible reasons for my advocacy of Wernich's Extract.

The first Miss McL——, age 54, unmarried, suffered from sub-serous uterine fibroids of 16 years' growth, (there were three in all,) completely engaging the body of the uterus, and pressing upon it on either side. I administered from one-quarter to one-sixth of a grain at each injection according to the condition of the organ at the time, allowing an interval

of three or six days to elapse between each operation. The result is that the largest fibroid is now reduced to a soft pulpy mass; the second in magnitude has entirely disappeared, and the third is about the size of a walnut.

The second case is that of Miss S——, age 21, also unmarried, a sub-serous fibroid tumor. This lady had suffered considerably from abdominal dropsy, and had been tapped several times. The additional pain arising from this fibroid growth, and the general derangement of the physical and nervous system, necessitated finally extirpation, but I attribute my ultimate success in a great measure to the effects of the hypodermic injection of Wernich's Ergotine in the reduction of the tumor.

The third case was that of a lady, 48 years of age, who had an intra-uterine fibroid of the sub-mucous variety. She had passed the menoetasis some time since, but the existence of the fibroid growth had no relation to that period, she having been ten years under treatment. The uterine cavity was filled with an accumulation of gases, as often occurs in those cases. She recovered after six months treatment.

In another similar case as the above used electrolysis with but little effect, one year before Ergotine was used. Seven injections with Ergotine effected an entire disappearance of the tumor, which was of a sub-serous fibroid nature, on the right side of the uterus as large as a child's head one year old. She was subsequently examined by Dr. Burnham of Lowell, who acknowledged the success.

A fourth case occurs to me of ovarian fibroid, which came under my treatment some six or seven weeks since. At the lady's first introduction to me, the tumor weighed between fifty and sixty pounds. At the present moment, after six weeks' treatment by injection of Ergot, the tumor is reduced to between eight and ten pounds, and about as large as a man's fist.

Great care must however be taken to ascertain the local and general physical conditions of the patient, and to diminish or increase the quantities accordingly, otherwise clonic spasms may be easily induced, as well as other serious irregu-

larities. I make a practice of limiting the quantity to a minimum of one-fourteenth of a grain, or a maximum of one-fourth of a grain at a time—and even then, I abbreviate or lengthen the intervals between the doses, according to the requirements of the case.



OBSTETRICS.

By R. W. Geddes, Winchendon, Mass.

[READ BEFORE THE MASSACHUSETTS ECLECTICMEDICAL SOCIETY.]

The committee on essays have assigned to me Obstetrics as the subject upon which I am to address you.

Although I am always willing and happy to do my share of the work in the good cause of medical eclecticism—at least as far as my humble abilities will permit, I cannot express to you the difficulties I have entertained in the task of addressing an intelligent body of men like you who are all so well acquainted with the subject; who have had so much experience in actual practice of the same; and upon which, so much, since the earliest history of medicine to the present day has been written. Nevertheless I have concluded to do my duty, and call your attention to some features in the obstetrical art, which seemed to me of importance, which may have escaped your memory, or become rusted over in the hurry of general practice, to which all true eclectics are so severely subjected, and trust the results to your gentle criticism.

In a subject so vast and important in itself, I can only glance at a few of its phases in the limits of a short essay, and at some future period I may have an opportunity of extending my remarks.

Mid-wifery embraces that portion of the science of medicine which superintends women in child birth, treats the diseases of pregnancy, and those after delivery.

The books inform us—and lay it down as a general rule—that meddling midwifery is bad; and viewed nearly as a general rule, there is perhaps no rule that could be laid down more deserving of the obstetrician's careful attention. In my own judgment however, this rule was more applicable one hundred years ago, when the people lived more in harmony with the laws of life. Their pursuits being more of an agricultural character; the dress and diet of the women more simple, and their exercises and duties more generally in the open air. They lived then more congenially to the laws of their physical nature; and in consequence were physically stronger, and all the functions of their physical being were more vigorous and active than is generally attained in a large mass of the women at the present day, who have sadly degenerated physically by the vices, follies and extravagances of a higher civilization.

On this account a large per-centage of the pregnancies we are called upon to treat are more diversified in phenomena; more severe upon the women, and as a matter of course more troublesome to the attending physician; and I might further add that these important truths generally continue throughout gestation during labor, and after delivery.

In these altered conditions we are compelled to interfere and bring the science of medicine to the relief of the pregnant woman as we would any other form of human suffering; and hence, we have to institute treatment in these cases, sometimes largely at the present day, when such would have been unnecessary and uncalled for in olden times.

But while I sincerely believe in the position I have taken in relation to the altered condition of a large portion of the pregnancies of the present day, and their treatment—more especially in the cities and larger towns, I as strongly believe that all such interference ought to be as greatly modified as the conditions of each case will admit, by the constant vigil-

ance of the good old non-interference rule. Having thus called your attention to the very frequent necessity of deviating from the established rule of non-interference in parturition, I have done nothing more than a higher intelligence, aided by the light of a more advanced state of the arts and sciences have enabled us, in a similar manner to dissent from many of the old rules and theories of general practice. I now proceed to consider a few of the diseases or abnormal conditions of pregnancy which we as physicians are called upon to treat. The first in point of order is morning sickness.

The books inform us that this troublesome condition generally begins about the fifth or sixth week of pregnancy and continues until about the third month, but there are a few that commence on the second or third week, while others continue to suffer throughout the entire period of utero-gestation, and the greatest diversity prevails in the degree of suffering to which the different individuals are subjected, from the slightest feeling of nausea to the most severe vomiting. The irritation in some cases extending from the stomach to the mouth, inducing salivation, (excessive secretion of saliva,) pallor of countenance, emaciation and loss of strength. I need hardly state to an intelligent body of men like you that the cause of this varied and often severe disturbance of the digestive apparatus in pregnant women is the result of that wise and beautiful provision in life called by some sympathetic action induced, as Marshall Hall terms it, by reflex action which enables one organ of the body to communicate with others at greater or less distances from each other, and by their combined co-operation, the great ends of life are more surely and safely accomplished. But for this wonderful provision the materials for the growth of the foetus, the placenta and the uterus to retain them, could not be insured that decay and death might not take the place of health and life, and one—if not the great end of physical life—a continuation of the human family be defeated.

That stimulus which the healthy impregnated uterus was designed to impart to the female digestive apparatus, so that a greater amount of food could be appropriated in order to furnish the materials through the medium of the blood to insure the growth and development of the embryo, never was designed to produce the suffering and distress which all

of us can witness daily, but to give extra strength to the mother, so as to sustain her with certainty in perfecting the great changes which have commenced within her and to insure the viability of the child, which it will always do when the conditions are favorable. But this perverted or vicarious action, called morning sickness is nothing more than we frequently find in the application of medicine in general practice to weak and sensitive tissues. When a stimulant is applied, do we not frequently get the results as if an irritant had been used? When we give a gentle laxative, do we not often get the results as if a powerful cathartic had been given? When we give a tonic to restore the lost energies do we not sometimes in these feeble cases substitute fever instead? And when we give an anodyne to quiet the sensitive brain to rest is it not frequently followed by a series of sleepless days and nights?

This weak and sensitive degeneracy of a large per-centage of the women of the present day renders the application of medicine far from being certain and the duties of the physician in consequence very trying and perplexing, but this is nothing more than the natural results that must flow from transgressions of the laws of life, and the sickness and distress of pregnancy is only one way through which they have their reward. Having thus directed your attention to morning sickness as the books term it, and expressed my views as to its causes, you will the more clearly comprehend what little I have to offer in relation to its treatment.

In a form of disease so varied in its shades and complications, as well as the degrees of its intensity, I need hardly mention the difficulty if not the impossibility of giving you anything like general rules of treatment, for nearly every case is so complicated that each requires a special treatment adapted to itself and that treatment which we find beneficial for one, may even hurt or have no effect to relieve another. Yet when we carefully examine the more important cases, we shall observe that they possess a weak and sensitive organism, and that tonics and stimulants are almost always indicated.

This diversity in the same disease has induced me in by-gone years to use a great variety of treatment, with the view of meeting the different features in each case,—such as anodyne injection per rectum, combined with broths and

gruels, with the view of keeping up the strength and quieting nervous excitement; pills of opium applied to the os-uteri so as to reduce the irritation of the stomach by reflex action; counter irritation over the region of the stomach, so as to divert the irritation outward; alkalies, with the view of neutralizing the accumulating gastric acid, which in some cases is intense. I have also given various cordials, and in a few instances Lobelia emetics, all of which have at times proved beneficial and as often perhaps given no relief whatever; but of late years I have confined myself principally to the use of Oxalate of Cerium, in doses from half to one grain repeated from once to three times a day; and still more recently I have ordered the patient to take a fresh supply of food every time she felt nauseated or vomited, with the more happy result than of any or all the measures I have ever instituted for the relief of morning sickness. How far this treatment can be carried on or how widely applied, I am at present unable to state, but so far I have found it very beneficial, and believe it deserving of your attention.

I might here mention that Dr. Miles almost entirely relies on Carbonate or Sub-Carbonate of Bismuth and Oxalate of Cerium, combined in doses to suit the nature of the case, but the most natural, perhaps the most scientific and successful treatment that has ever been instituted for the relief of morning sickness was unfolded to Dr. Milbrey Green some time ago, partly by accident, and may yet supercede all other treatment.

Another very common and often troublesome disease of pregnancy is Hemorrhoids or piles, which generally become manifest during the last months of gestation. There is a great difference in the degree of severity in those that are subjected to this form of disease; some cases suffering lightly, are relieved often by a change in diet, and the use of fruit only, while others suffer intensely; some of whom do not get that relief from treatment which is so desirable until after delivery.

In the treatment of this disease, the proper diet and the cooling influence of fruit are of great importance. The liver may be at fault, or at least it may be slightly stimulated in many of these cases with much benefit. The bowels ought to be regularly moved, which will do much to prevent as well as relieve. In the more severe types warm soothing enemata may be given half an hour before the time of defecation,

such as hot mullein tea and milk; and immediately after the discharge a warm solution of slippery elm mucilage may be given with happy results, and often with immediate relief. In cases accompanied with severe pain, the addition of an anodyne suited to the nature of the case, may be added to the mucilage, and where more or less hemorrhage is present an astringent, as tannin or even the per-sulphate of Iron, may be added to the mucilage with decided benefit.

Ointments of various formula may be substituted for the mucilage; yet all things considered the elm is the most convenient and practical, but there are extreme cases where the heat, pain, and swelling (sometimes passing into the stage of ulceration) are so great that the syringe nor the ointment can be used to advantage, and in such cases fomentations and poultices adapted to the peculiarities of the individual must be substituted in order to relieve your patient.

Œdema, more commonly of the lower extremities is another abnormal condition of pregnancy, but is not as painful or frequent in its occurrence as the last mentioned form of the disease. Nevertheless it is often troublesome to the patient and not unfrequently proves serious in its consequences.

Œdema seldom appears before the fifth or sixth month of pregnancy, and then only lightly at first, but generally increases as the period of confinement approaches. It may appear as frequently in primipara, but it is generally more transient and yields to the influence of treatment easier than in multipara. As in other diseases of pregnancy, there is every variety in the degree of development, from the slightest œdema at the left foot, where it generally makes its first appearance, to anasarca of the entire body. In the more severe cases, the dingy waxen color of the skin, the pale lips and mucous tissue of the mouth, and the pale death-like appearance of the tongue, show conclusively that some great change in the blood has taken place, which sooner or later, must produce serious results if measures are not instituted to arrest its progress. How this pathological condition of the blood has been developed it is difficult to say; but there can be little doubt that the extra secretion, nutrition and depuration with utero-gestation, with perhaps other favorable conditions in certain constitutions have co-operated to produce the result.

In nearly all cases of Œdema in pregnancy—even of the milder types—may be found more or less albumen in the urine and almost all cases of albuminurea, more especially when it is in excess, become predisposed to dropsies, convulsions or some lesion of the brain, or nervous system, such as amaurosis hemi-plegia or paraplegia; and if timely measures are not instituted to alter the condition of the blood, more serious results may be expected. Dr. Simpson, of Edinburgh, on puerperal convulsions—verified by the examinations and observations of Dr. Lever of London, says, that one of the most common predisposing causes of puerperal convulsions was albuminurea or rather some morbid state of the blood dependent on albuminurea. He farther states, I believe the diseased constitution or condition of the blood to produce a preternatural excess of irritability or polarity of the nervous system and more especially of the spinal system of nerves, and in this way a morbid predisposition in it to convulsions under various forms and degrees, from irritation of the uterus, bladder, or intestinal canal, &c, that would be incapable of producing this convulsive effect were not the polarity of the nervous system for the time being highly exaggerated.

It is not presumed that all oedematous cases of pregnancy must of necessity have convulsions or some lesion of the nervous system, but we might with safety except as a general rule that puerperal convulsions are commonly induced by a morbid condition of the blood in which albuminurea plays an important part; and oedema in pregnancy is only a milder form of disease proceeding from the same cause, and being earlier in demonstration time is given the physician by which measures may be instituted to ward off the graver results.

I am aware that the physician is not always consulted on the first appearance of oedema, or even in the more serious form of anasarca, as the nature and importance of these cases may require; and therefore we have not in such instances the opportunity of using preventive measures, which I believe would do much to render these fearful consequences of pregnancy almost unknown. I will illustrate by a case in practice. Four years ago I was hastily called to visit a young lady in the sixth month of her pregnancy who had several convulsions before I reached her. Every effort to prevent the fits proved abortive. She passing from one fit into another with

only a few minutes of intermission; and after an hour or more they became continuous. I called in consultation the oldest and most experienced physician in the place, every means that the condition of the case seemed to indicate were applied but all failed, and in about ten hours from the first convulsion, death stilled and tranquilized the dreadful sight. This young woman but a year before lived next door to me, a thin, pale, slender girl. I knew her well by the frailty of her appearance, but when I visited her at this time I could not recognize or even believe it possible, that the huge form before me was the same woman; her hands, her face, her whole body was so oedematous and bloated, and the fearful, hideous distortions induced by the fits, rendered it impossible I believe for any one to recognize, why had not seen her for the previous six months. In the same family, about one year previous to this period, an older sister in her third pregnancy was somewhat in the same oedematous condition; but with care and treatment for ten days before confinement was delivered without convulsions of a small puny child that died of fits on the ninth day after delivery; and I might here state that the foetus is always more or less damaged and often destroyed before delivery takes place, by the poisoned condition of the mother's blood in many of these oedematous cases.

Again about the 4th of last November I was called to visit the youngest sister in the same family—in the eighth month of her first pregnancy who on examination, I found largely oedematous, so much so that she was unable to walk, and in consequence was confined to her bed. The abdomen, hips, and lower extremities were much more enlarged than the upper portions of the body, but the external genital organs were extremely painful and anasarcaous. So much so was this the case, that she was compelled to remain on her back with the lower limbs expanded to their utmost extent in order to give space and relief to the swollen tissues which extended below the upper third of the femur and in other corresponding directions. The lower margin of the mucous tissue of the vagina with the labias minora and majora were strangely everted and deformed. The tongue was pale and slightly coated, the skin dry and feverish, the urine scanty, the bowels inactive, and the pulse small and hurried. She had no desire for food, was very restless and wakeful during the

night, and, as she stated, she could not sleep she ached so badly from laying on her back so long.

I tapped the labia on each side which continued to discharge excessively for several days, until the orifices became closed up. I re-opened them which renewed the discharge and reduced the enlargement so that she could lie on her side at least a part of the time, obtain more rest, and feel more comfortable; and in about five weeks she was delivered of a living child, a little feeble thing that weighed only $4\frac{1}{2}$ pounds. She had a very easy delivery and both the child and mother are doing well, but still show traces of their weakness.

Treatment of Œdema. In calling your attention to the treatment of oedema in pregnancy your own experience and good judgement have informed you already of the impossibility, especially in the narrow limits of a short essay—of giving you the treatment adapted to each case in a disease so varied in the degree of its intensity, complicated as it generally is, with certain diatheses, indiosyncrases or other unfavorable conditions. I can therefore only give you general treatment such as I have used myself—and the varied phases of each case will point out to the physician what changes or additions may be necessary to meet its complications and peculiarities.

When the physician examines a case of oedema, especially a bad one, he is at no loss to observe that assimilation and absorption have been more or less perverted and that diuretics, diaphoretics and laxatives, with tonics and stimulants to the digestive organs, if not arterial and nerve sedatives are strongly indicated; and to meet these indications I have used the following preparations with very happy results: R.—Chlorate of Potassa, $\frac{1}{2}$ an ounce; Hydrastis Can. Pulv., $1\frac{1}{2}$ ounces; Ipecacuana, Pulv., 1 drachm; mix, divide into sixteen powders, and to a powder add eight ounces of boiling water, and in small doses at a time give this amount daily.

In the chlorate, as M. Isambert asserts, we have a sedative to the nervous system and circulation; a stimulant to the digestive organs and kidneys, and a stimulant and alterative to mucous tissues. In the Hydrastis we possess a powerful hepatic and gastric tonic, and an agent that exerts a very favorable influence upon all diseased mucous tissues; and the Ipecacuana in small doses is also a tonic to mucous tissues and a good diaphoretic.

In this simple combination we have the means of meeting almost every indication in all, or at least a very large percentage of these cases; and if taken in the early stage of the disease will cure nine-tenths of them without the aid of any other remedy. I might state also that I have never used any thing equal to this same formula for nursing sore mouths.

If in any case you find this formula defective in diaphoretic action, then give in addition a warm infusion of the *verbascum thapsus* or mullein, which is a beautiful diaphoretic, diuretic, anodyne, and demulcent; and if in any case you require a greater diuretic effect then add to your infusion of mullein the *Epigæa Repens* or the diuretic compound of the dispensatory.

When a laxative is indicated, I generally use the following pill: R.—*Podophyllin*, 1 part; *Leptandrin*, 3 parts; *Ipecacuanha*, 4 parts; *Iridin* sufficient to make into a pill mass. Mix and divide into 3 grain pills; one or even two may be given daily as the case may require.

This pill is gentle in its action and when head symptoms are complicated with constipation—which is not unfrequently the case, it has an excellent effect. And when a tonic is indicated I prefer the Ferruginous in combination with a vegetable tonic, such as Tinc. Muriate of Iron with Salacine or Quinine in doses to suit the case; and if there is extra arterial or inflammatory action going on I add the Saturated Tincture of the *Veratrum Viridi* to produce the desired effect.

Now however much we may differ in the pathological views I have advanced, or the management of these cases I have mentioned, I can assure you that the treatment is successful. It is both curative and preventive, that is, it will cure any case of oedema—if you are called upon in season, unless confirmed granular disease of the kidneys has taken place; and it will in consequence prevent every case of puerperal convulsions and even when the disease is far advanced and the patient anasarcaous throughout before you are called in, you may have a reasonable hope of preventing the convulsions if you have a little time before labor takes place by which to impress your patient's system sufficiently with the above treatment. Here is a case in point.

I was called to a lady about two years ago in her third pregnancy, about six weeks before her labor commenced, who

in her previous confinements had convulsions, but the last was so severe that her physician told her and her husband that she must never become pregnant again, or she would most assuredly die. When I reached the house I found her confined to the bed. anasarca from head to foot, a hugely bloated and repulsive mass—her face, her hands, her feet and general outline seemed scarcely human. She had been suffering for three months, the last two of which she had been principally confined to the bed. I instituted the treatment already stated, relying mainly on the powders, and at the end of six weeks she had a lingering but not a severe labor and was delivered of a living child without convulsions, and although the child was puny and below the average weight both mother and child steadily improved into perfect health—all traces of the oedema having passed away by the fifth day after delivery.

Another case more severe even than the last, and the first in which I resorted to the operation of tapping the labies. In this case I was called in about eight days before delivery and when the symptoms had become desperate. The delay in calling for medical aid being induced by the lady friends of the patient informing her that the doctors could do nothing for women in her condition. On the sixth day of treatment I telegraphed to Lowell for the counsel of Professor W. Burnham, but receiving no reply, and fearing convulsions every hour I tapped the labies (which projected about half way to the knee) on the afternoon of the seventh, which soon reduced the anasarca of the genital parts very much. About midnight labor feebly and slowly commenced and next morning I delivered her of a dead child without convulsions. She was exceedingly weak, recovered very slowly with complete paraplegia which did not disappear entirely for over two years.

Thus I have feebly endeavored to direct your attention to the very great importance of oedema in pregnancy and the necessity of early treatment in such cases in order to prevent the more fearful developement of puerperal convulsions which are too often the signal of death to either mother or child ; and not unfrequently to both. I am aware that the public mind is comparatively dark as night on this subject, and the pregnant woman is often tampered with by ignorant officious friends, and traces of old superstitious notions, and in conse-

quence the aid of the physician is not called for until too late to save; and it may be possible in some cases that when the physician is consulted he does not consider oedema and its consequences as seriously as the nature of the case is entitled to; but I believe it is the duty of the physician to view these cases in their true light, institute such treatment as their nature requires, rob death at least of a part of its harvest, and then his light will so shine as to dispel the dark clouds of ignorance, fear and superstition that hover like a pall around the parturient woman, haunt her steps by day and like some dreadful demon, tortures her wearied sleep at night; and in the wild fevered frenzy of her wearied brain she too often resorts to abortion and the abortionist to free her from her sufferings at any risk even death itself.

Before glancing at two or more phases of labor, permit me to state that I consider it the duty of the physician in all cases of pregnancy under his care to make the necessary investigation and institute appropriate preparatory treatment in from six to eight weeks before the period of confinement, as a preventive measure against much of the suffering and the accidents of parturition, which will not only do much to save the woman but will also save the physician much of the trouble that is so common at the present day in the practice of midwifery. The higher civilization of all nations, and I might add of all ages, with its attending follies—invariably tend to degenerate the physical stamina of the female more or less, and in consequence they are much less able to bear the trials of pregnancy and labor; hence the necessity of the preparatory treatment.

I know there are some who will condemn this interference partly perhaps from their attachment to some of the older writers; but my own practice and observation convince me beyond the possibility of a doubt that it is a duty which the physician owes to himself and to his parturient patient and is of the first importance.

I might further add that we find but very few cases of real natural labor in civilized life at the present day; but on the contrary quite a large percentage of such labors are desperate struggles of life and death, which when the woman lives through the contest, she feels that it is at a great loss of both physical and mental energy, which renders the recovery

long and lingering even with all the advantages of improved medical science. Did I say recover? I was mistaken. In many cases she never rises to her former self again. Her meridian in the contest has been passed; often in her first labor and on the declining side of life she lingers, suffers, pines and weeps. All her former pleasures of life have passed away. Day by day her jaded strength and haggard looks become more worn, her steps more weary, and that fearful gulf once far away is drawing nearer, but the fond desire to live is sometimes increased as the vital spark grows dimmer. She clings to her physician her rock of former days, but he sadly yields to the descending current and must let her pass on and in her downward course. If she grasps at the rotten reeds of quackery with the feeble hope to save who can blame her, for soon all hope but that of heaven must pass away. If you would save this class of humanity, if you would reduce the business of the abortionist, you must make the sufferings in parturition at the present day less; and much can be accomplished in that direction by instituting as a preventive measure the appropriate preparatory treatment. Less interference will be necessary during labor, for you will have reduced at least one-half its sufferings, and much happier conditions will be found in your patient after delivery.

Having thus for a moment directed your attention to the importance of preparatory treatment in the last months of pregnancy—for it is a subject that would require several essays to unfold all the phases of its great merits, I now proceed to hastily glance at one or two conditions of labor itself which seem to me of importance, and I believe have much to do in extending the duration of labor and increasing its sufferings. I refer to certain conditions of the womb itself.

Of course much depends upon the constitutional vigor of the woman, but aside from that there is frequently an extra tonicity, irritability or relaxation of a part or of the whole of the womb which is not in harmony with the general constitutional stamina of the individual, that extends the duration of labor wastes the woman's strength and in consequence renders her recovery long and tedious, all which conditions I believe are susceptible of treatment.

The first to which I will solicit your attention is that in which the tonicity of the uterus is defective, the pains ineffi-

cient, the neck of the womb is thick, soft and clammy to the touch, and the os dilatable. In such cases the labor may be protracted for days.

I prepare a decoction of *Erigeron* *Phy.*, order the bowels to be evacuated (unless they have been moved recently), and as soon as it is convenient proceed to give the *Erigeron* in small doses at first until the required vigor of the uterine pains has been obtained, when labor generally is completed in about two hours. If the *Erigeron* is given too freely it will retard delivery by its extra tonic action, but when such does occur small doses of *Tinct. Gelseminum* may be given, which will soon reduce its activity; but if the *Gelseminum* is not at hand *Lobelia* in small doses, per rectum, will have the effect. The second condition that I wish to bring to your remembrance (for no doubt you have all met with it in practice many times), is that in which the uterine pains are defective. The neck thick, soft and clammy to the touch, but the os undilatable and bound as if with a wire at its extreme margin.

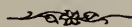
In this condition the labour is always long and tedious, discouraging to the patient, friends and physician, unless there is instituted treatment to reduce the stricture of the os, and give the *Erigeron* by mouth in small doses until the results are produced, when labour is soon completed.

I have also in some of these cases given the Infusion of *Lobelia*, per rectum, until dilitation was accomplished and then given the *Erigeron* by mouth to produce the tonic action of the womb.

A third condition which I wish to bring to your notice is the reverse of the last in both respects, the womb being intensely toned with the upper part of the neck constricted, while the lower border is loose and dilatable, which to the touch feels like a small circular frill or ruffle.

In such cases the pains are strong, the suffering very severe, and the patient comparatively worn out before any advancement takes place. *Tinct. Gelseminum* may be given per mouth as freely as the case will admit, and an Infusion of *Lobelia*, per rectum, will soon produce the desired relaxation when labour progresses rapidly. I would here mention that

I have sometimes pushed the Gelseminum so that it was felt for two or more days after delivery with no unfavorable result, but would advise small doses of the Lobelia given with care, so as not to induce vomiting, lest you substitute gastric for uterine action.



DIRECT, OR SPECIFIC MEDICATION.

By F. L. Gerald, M. D., Hyde Park, Mass.

[READ BEFORE THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.]

I have a few ideas in the practice of medicine which to me are of value. Remedies have been given for hundreds of years for their supposed action upon the system to cure disease. They have been given in many cases because so-and-so had advised their use, no thought was taken how they acted in the system; whether they entered the blood and floated in that liquid, like drift-wood in a running stream, and stopped at the seat of disease and started up a healthy action, or whether they entered the blood and spent their action upon certain nerves or a class of nerves. Perhaps Iron, Phosphorus and Lime are exceptions to the general rule of remedies prescribed without a specific or direct indication for their use. We all know that Iron is a direct tonic to the blood when that fluid is in a state of anæmia, because it is a constituent of the same, also Phosphorus for nervous prostration, and Lime when there is a want of earthy phosphates in the bones. If a remedy is given for an exalted action of the heart does it act mechanically while going the rounds of the blood, or by its sedative influence upon certain nerves supplying the heart?

If remedies are given for dyspepsia do they act upon the mucous membrane of the stomach; or by supplying certain chemical agents that are wanting for healthy digestion; or by improving innervation of the nervous system? In nephritis and cystitis do we give remedies supposing them to cure or relieve disease by their washing-out process, or by their action upon certain nerves supplying the kidneys and bladder? When we give remedies for certain diseases in different parts

of the body why not give Tinct. of Aconite and Sweet Spirits of Nitre for all febrile diseases of an acute nature? Or Iodide of Potassium and Syrup of Sarsaparilla in all chronic diseases, if there are no specifics in medicine? If there are specifics in medicine how do we know it? How do we know that Cactus and Digitalis act upon the heart, or Belladonna and Gelseminum upon the brain?

It is thought by many physicians that most of our remedies have their starting point of action in one or the other of the nervous systems—either the vegetative or cerebro-spinal. If this is a fact all remedies that spend their force upon the cerebro-spinal system should be given in all acute diseases, and in all chronic diseases such remedies as are known to act upon the vegetative system of nerves. Most of the remedies which are called alteratives act upon the vegetative nervous system, and most of the arterial sedatives upon the cerebro-spinal.

In order for us to practice medicine in a direct or specific manner it is necessary for us to thoroughly understand drug pathology. Some will say that it is impossible to determine whether the disease is in the organic or animal nervous system; but if we cannot make the distinction we are more or less in darkness, and this should stimulate us to become better pathologists. The high estimation in which physicians well skilled in pathology are held by the people is well known, and unless we understand upon what part of the living tissues a drug will act, and what changes it will bring about, we cannot prescribe with much certainty. The Homœopathic branch of the medical profession has done a great deal toward making the practice of medicine more direct or specific. They believe in proving remedies upon the healthy system, and thereby study drug pathology. Some may say that this is nonsense, but, nevertheless, no one can prevent me from embracing it, because I profess to take everything from any and all sources which I think will cure or relieve suffering. If an insane person takes poison to destroy life what do we find are the results in the body before and after death? We find certain tissues or organs injured or destroyed, showing that the poison acted upon such organs or tissues. Perhaps the same article which would cause death in large doses would in small, or medicinal doses, prove one of our best remedies, and would act upon the very organs which in large doses it will destroy.

We all know that Morphia, Strychnia, Aconite, Belladonna, Arsenic and many other remedies will cause death if taken in large quantities, but when taken in medicinal doses they are among our best remedies.

I will give the poisonous effects of a few remedies which physicians are prescribing almost every day, and I am sure with good results. I will first show their poisonous effects when taken accidentally or otherwise in large doses, as given by Taylor, Hale, Burt and others. I will commence with Cantharides. This remedy has a powerful effect upon the whole tract of the urinary mucous membrane, producing inflammation from the kidneys to the urethra, causing constant desire to urinate and passing but a few drops at a time sometimes mixed with blood. This remedy to my certain knowledge in one-half to one drop doses of the tincture every two or three hours will cure the above symptoms in many cases.

Cactus Grandiflorus in large doses causes a sensation of constriction over the region of the heart as if an iron band prevented its normal action. When given for the above symptoms in doses from one to three drops of the tincture every three hours, it will always relieve in a short time.

Phytolacca Decandra causes a dryness, soreness and roughness of the throat, with redness and a burning sensation with constriction. In one case of poisoning by taking large doses of a saturated tincture it caused an eruption over the entire body, with pains in the joints and bones of the face and head. I never have seen or prescribed a remedy that will relieve inflammation, burning and soreness of the throat with great redness, so quickly as this remedy. In psoriasis and other chronic skin diseases, I have had the best success with this remedy of any I have ever used. In inflammation of the throat I add one-half to one drachm of the tincture of the green root to half a tumblerful of cold water. Dose—a teaspoonful every half hour or hour. In chronic skin diseases I add three or four drachms of the tincture to about four ounces of cold water. Dose—teaspoonful three or four times daily.

Digitalis. The poisonous effects of this remedy as given in Taylor's Jurisprudence is as follows: A young man swallowed a strong decoction of Fox-glove by mistake for a purgative; he was soon seized with vomiting, abdominal pains and purging. He died twenty-two hours after taking the

poison. The pulse was slow and irregular. A common effect of the poison is to produce great depression of the heart's action. What will this remedy do in an enfeebled condition of the heart? We all know that when the tincture is given in doses of one half to one drop every two hours that it is one of our best heart tonics.

Belladonna. We have the following symptoms from Belladonna when taken in poisonous doses: Heat and dryness of the mouth and throat, giddiness, indistinct or double vision, stupor and lethargy. The pupils are much dilated and the eyes are insensible to light. The appearances after death are as follows: The vessels of the brain are congested with dark colored blood; the substance of the brain, cerebellum and medulla oblongata present numerous bloody patches. When I am called to a patient and find stupor, dilated pupils, flabby skin, slow labored pulse, or a dry, burning, thirsty condition of the mouth and throat, I prescribe Tincture of Belladonna in half drop doses every half hour or hour, with the utmost confidence of a speedy cure. In congestive headaches with cold extremities this remedy is a specific. Why do we prescribe Belladonna for the above conditions? Simply because we have learned by its drug action that it is directed to these organs. It has a specific influence upon mucous membranes, therefore we can see why it may affect the skin and be useful in scarlatina.

Veratrum Viride. It has been remarked by a learned Professor of Philadelphia that probably Veratrum Viride had never been given to a patient who would not have been as well off without it. "Where ignorance is bliss 'tis folly to be wise." We have no remedy in the *Materia Medica*, says Dr. Burt, which will produce such sudden and intense congestion and inflammation of the lungs as Veratrum Viride. Twelve cats and three dogs that were killed with Veratrum all had inflammation of the lungs of the most morbid character. The microscope revealed intense congestion and a large number of the capillary vessels ruptured. Sections of the lung were so completely hepatized that when thrown into water they immediately sank to the bottom of the vessel. Thus you see we have positive evidence that Veratrum will not only produce congestion but inflammation of the lungs. Eclectic physicians all know how valuable this remedy is in pneumonia and all

other diseases where the pulse is full and bounding. Applied externally in erysipelas I never have found its equal. The dose as I prescribe is one-half to a drop of the tincture every half hour or hour in a little cold water.

Aconite. When large quantities of Aconite have been taken the symptoms are as follows: In a short time the patient complains of a numbness and tingling in the mouth and throat, giddiness and numbness and tingling in the limbs, burning sensation and pain in the stomach, violent vomiting and diarrhoea. Appearance after death.—The stomach has been found reddened in patches, the mucous membrane of the duodenum in a high state of inflammation, “abraded in patches softened and broken down,” We learn from the above pathological conditions that Aconite has a direct action upon the mucous membrane of the bowels. In my opinion if there is one remedy of more value than another in inflammatory diarrhoea and all acute gastric inflammations, Aconite is the remedy. The dose should be small and often repeated.

Arsenic. Taylor says that the symptoms produced by this poison vary according to the form and dose in which it is given. The patient first experiences a sensation of sinking or faintness, depression, nausea, followed by sickness with an intense burning pain in the region of the stomach. The pain in the abdomen becomes more and more severe, vomiting of a brown turbid matter mixed with mucous and sometimes streaked with blood. These symptoms are followed by purging, which is more or less violent and is accompanied by severe cramps in the calves of the legs. There is tenesmus, and the discharges by the bowels are frequently tinged with blood. There is a sense of constriction with a feeling of burning heat in the throat accompanied by the most intense thirst. The pulse is small, very frequent and irregular. Dr. Burt says that its action upon the intestinal track is so similar to that of cholera that in an epidemic of that disease no man could tell the difference. The innumerable follicles of the intestinal track are completely paralyzed and the watery elements of the blood exude through the relaxed tissue in large quantities; but if the poison taken is large enough this paralysis goes on to inflammation, destruction and ulceration of the most malignant kind; the mucous membrane becomes dry or exudes a thin, ichorous discharge. Taylor also says that

there is an irritation of the spine accompanied by an eruption which is called eczema; sometimes this has assumed the form of nettle-rash, or of the eruption attending scarlet fever; falling off of the hair has likewise been witnessed. Homœopathic physicians think a great deal of Arsenic in typhoid dysentery and low forms of diarrhoea that have a cadaverous smell. It has been used by physicians of all schools for some forms of eczema and psoriasis. I have given Arsenic in small doses for chronic skin diseases with good effect, and also in low forms of diarrhoea.

Gelseminum. This is a cerebro-spinal remedy, acting upon the motor nerves, causing muscular paralysis. In its pathological action it causes heaviness of the eyelids, almost impossible to keep them open, hysterical spasms with excitement and numbness in the extremities, a feeling as though the heart would stop beating, congestive facial neuralgia, the pains are grumbling or shooting in their nature, involuntary emissions of semen without erections, with flaccidity and coldness of the genital organs. Gelseminum in irritability of the nervous system with a determination to the brain, causing flushed face, contracted pupils, supra-orbital neuralgia, is one of our very best remedies. In hysterical spasms and in many cases of spermatorrhea, it is very efficient.

Bichromate of Potash. This remedy has a peculiar effect upon mucous membranes. It so changes the functions of the mucous follicles as to cause them to secrete a tough, ropy mucous from the nose, mouth and throat. In mucous and membranous croup I have seen better results from its use than from any other remedy. In chronic laryngitis and bronchitis, with tough, stringy expectoration, it is one of our most useful remedies. I use the first decimal trituration, adding two or three grains to half a tumblerful of cold water, or enough to make the water a little yellow. Dose—a teaspoonful every half hour or hour.

Pulsatilla. This remedy when taken in large doses causes the following pathological symptoms: In the female it will cause sharp pains in the region of the uterus, with chilliness and trembling, premature and profuse menses, the mind irritable, fearful that something will happen; she weeps easily and complains of headache. In the male there is distress in the testicles with a drawing pain along the spermatic cord,

seminal emissions, pain in the end of the penis after urinating. I have prescribed Pulsatilla for the above symptoms, also for gonorrhea and spermatorrhea in the male, with good results in all cases I have tried.

Lobelia. The pathological action of Lobelia is as follows: It causes a profuse flow of clammy saliva, mouth dry with a white coated tongue, burning dryness of the throat, eructations and a burning sensation rising up from the stomach with a desire to vomit, acidity with a constricted feeling in the stomach. Sometimes vomiting with prostration of strength, tightness of the chest with laborious breathing and a sense of oppression, causing a deep breath to be taken, angina pectoris with pain extending to the shoulders and arms. It seems to me that all can recognize at once the above symptoms when Lobelia has been taken in large doses. Prof. Scudder says that one or two doses of twenty drops each of the tincture is a specific in angina pectoris. It is useless for me to speak of the specific effects of Lobelia upon the mouth, throat and lungs, for its effects are too well known by all progressive physicians.

Lycopus Virginicus. I have only used this remedy in two diseases—diabetes and disease of the lungs. In Prof. Hale's proving of this remedy he gives the following symptoms: A sense of constriction across the lower half of the thorax, impeding respiration, with sub-acute pain increased by lying upon the right side, pleurodynia, cough and expectoration, constricting pain and tenderness around the heart, action of the heart tumultuous and forcible, sighing and yawning, pulse feeble, compressible, irregular in force and rhythm. I have cured three patients within the past four years, who were suffering from diabetes, with this remedy. One of these was a lady about 40 years of age, and the disease had advanced so far that her mind was impaired; she was indifferent to her children and other members of her family. In four months she was cured and has remained well ever since. It is a splendid remedy in incipient consumption and hemorrhage from the lungs.

Eupatorium Purpureum. This remedy when given to a healthy person excites the kidneys to undue action, increasing the excretion of urine to a great extent; it causes a smarting and burning in the urethra during urination with a constant

desire to urinate, passing but a few drops at a time; also dull aching pains in the bladder and the region of the kidneys. I prescribe this remedy for these symptoms with happy results.

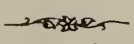
Collinsonia Canadensis. This remedy has a special action upon the whole intestinal canal, but especially upon the rectum, causing weight with an intense irritation, itching and a sensation as if sticks or sand had lodged there. In large quantities it irritates the lower bowels, causing diarrhoea and dysentery. I always prescribe this agent for hemorrhoids with good results. In acute cases the dose should be small, about three drops of the fluid extract every two or three hours. In chronic cases the dose should be larger.

Viburnum Opulus. This remedy is one of our very best when the following symptoms are present: Hysterical condition from uterine irritation, cramps in the extremities during pregnancy, dysmenorrhœa of a spasmodic character, and painful, scanty menses.

Podophyllin. The following indications for this remedy are very plain: A foul, putrid taste in the mouth, tongue full with a pasty, yellow coat at the base and centre, loss of appetite with nausea, clay-colored stools or diarrhoea with prolapsus ani.

Chlorate Potassa. If there is a specific in medicine this remedy is certainly one. In all cases of a foetid breath caused by a vitiated condition of the stomach and bowels, I never have known it to fail in a single case; of course it will not relieve in cases caused by decayed teeth.

Stramonium. I have as yet had but one indication for this remedy and that is very direct and plain. In irritation of the neck of the bladder and the urethra in women, with burning pains and a frequent desire to urinate, I have found *Stramonium* to give relief usually in a few hours, or two or three days at the longest. Dose—one to three drops of the tincture every two or three hours



SICK-ROOM MATTERS.

Almost every physician is troubled at times to get food and other necessities for his patient properly prepared, in consequence of the lack of information which often prevails among those who have the care of the sick. There is no time probably, when persons are more particular about their diet and their general surrounding, than when they are patients. It is often a source of much annoyance to the practitioner to find that the persons who are placed in charge of the sick-room are lamentably ignorant of the method of preparing the simplest compounds, and thus instead of proving aids to the physician, are actual hindrances.

I was happily disappointed once in meeting with a lady whose daughter I had in charge, who was thoroughly posted in sick-room dietetics. Upon asking her if she knew how to prepare such and such articles, she replied that she did, and drew from her pocket and presented for my inspection a little memorandum book, containing the method of making every preparation requisite for the sick chamber. These were in her own handwriting and had been carefully selected by herself, and whenever sickness invaded her family this little text-book was her constant companion. I could not refrain from telling her that as a guardian of the sick she was certainly "thoroughly furnished for every good word and work," and that I thought it would prove a great benefit both to physicians and patients for others to pursue a like course.

The fact that so many were unprepared for these sick-room duties has called forth this paper, and it is hoped that it may not prove entirely uninteresting to that class for whom it was prepared.

It is not any part of our purpose to present recipes for the nurse or any other person to compound, and with which to treat the patient, but simply to offer forms by which to prepare articles of diet, etc., which are so constantly required by the physician for the sustenance and comfort of a patient.

Decoction of Iceland Moss. To one ounce of Iceland Moss put a pint and a half of water; boil this down to one pint and strain it for use.

Arrowroot. To a tablespoonful of Arrowroot add enough cold water to make it into a thin paste; pour on boiling water, stirring it briskly until it becomes a clear jelly, or make it thinner if desired; season it to taste. For children add new milk. This form answers for most gruels.

Sage Tea. A handful of the leaves of green sage, freed from stalks; add one-third of the rind of a whole lemon, two pints of boiling water; infuse them half an hour at least, pour off the liquid and sweeten to taste. All herb teas may be made in a similar manner.

Cream of Tartar Water. Take one to two tablespoonfuls of Cream of Tartar, one-fourth of the peel of a lemon, and pour upon them one quart of boiling water; let all stand for a short time then pour off the liquid and sweeten to taste.

Toast Water. Take new bread if possible, toast it brown and pour cold water upon it and cover it a few minutes, then sweeten to taste. We may add here the method of making crust coffee. Take brown bread crusts, toast very brown but not to burn, pour hot water upon them and let them stand upon the stove. This, with milk and sweetened, makes an agreeable drink for the sick.

Boiled Flour. Take a pound of flour, tie it up as tight as possible in a linen cloth, and dredge the outside of the lump with flour till a crust is formed to keep out the water; boil it until it becomes a hard, dry mass. Two or three tablespoonfuls of this may be grated down and boiled in milk and water to a proper thickness and then sweetened to taste; spice may be added if desired. This is used in dysentery and bowel complaints in children and adults.

Cracker Soup. Break two or three crackers into a saucepan with a pint of water, add a small piece of butter, boil well and salt to taste.

Beef Tea. Boil a pound of lean beef, finely cut, in a quart of water for twenty minutes, strain it and salt to taste. Some place the prepared meat in a bottle and boil in the bottle.

Lemon Water. Put two slices of lemon into a covered dish, a small piece of peel and some white sugar, pour on all a pint of boiling water and keep it it closely covered two hours.

Chicken Broth. Boil one-half of a medium sized chicken in a quart of water, add bread crust if desired, salt to taste; boil for three-quarters of an hour.

Mutton Broth Boil one pound of mutton in three pints of water till very tender, add a little rice; set it away to be warmed up as the patient requires it; skim off all the fat. Some add an onion when boiling, if so it must not be eaten.

Wine Whey. Take of milk one quart, water one pint, sherry wine one gill; put the milk and water upon the fire and when at the boiling point put in the wine; boil all fifteen minutes, skimming off the curd.

Apple Water. Roast two large apples, or if preferred cut them into slices, pour upon them a quart of boiling water; let the dish set for two or three hours, then strain and sweeten the liquid.

Lime Water. This necessary article may be made by pouring a quart of water upon a piece of unslacked lime the size of a walnut; let it set until entirely slacked, then pour it off from the sediment; if it is too strong it can be diluted as used with cold water.

Flaxseed Tea. Put two tablespoonfuls of flaxseed into three pints of water and boil one hour; strain it for use. Sugar and lemon-juice improve its flavor.

The foregoing constitute some of the principal articles that are frequently required in the sick-room, and they are easily prepared and are quite sure of being correctly compounded when the person in attendance has some fixed formula to guide them. Too much of one ingredient, or not enough of another, often renders a preparation distasteful to a patient, and thus all benefit is lost that might otherwise be gained.

FROST-BITE.

By A. L. Chase, M. D., Randolph, Mass.

At the present time I have a case under treatment that is of considerable interest to me, and I will present it to the JOURNAL readers, hoping it may not prove wholly unprofitable to them. I was called Feb. 1, 1881, in the evening, to attend a Mr. H—, who had been found lying in the snow and nearly overcome from the excessive cold, (for it was a very cold day), and upon getting him home and removing his mittens and boots his feet and hands were found to be badly frozen; before I saw the case his friends had put them into cold water and had got the frost pretty well out, but they had not come to their feeling, and the patient seemed very much prostrated. I bandaged them and wet the dressings with rum and water, putting in Aconite in small quantities, and gave him some stimulants and left him for the night. The next day I found reaction had not fully set in, and I used warm baths to the feet, as he complained of their constantly feeling cold, which had the effect of bringing them somewhat to their feeling. I then commenced to keep them constantly wet with Hamamelis, which I continued for some three weeks, also using Carbolic Acid quite freely to prevent the odor from the discharge from the blister, as both hands and feet were blistered, and as fast as they formed I pricked them and let out all the discharge possible; the hands have peeled but I shall save all the fingers but lose all the nails on the right hand and one on the left, and there are some large sloughs on the right hand fingers. With the feet I have not succeeded so well, as they were more frozen. At the end of about three weeks the line of demarcation formed upon the left ankle at the joint, and on the other foot at the point where "Chopart's operation" is performed, and there is an extensive slough upon the heel of this foot. For the last week I have poulticed both feet with *Ulmus Fulva* and Pow. Charcoal, to hasten the separation of the sloughs and prevent sepsis, also giving Iron and a generous diet, to sustain the severe drain upon the system. He can move his

toes upon both feet and has some sense of feeling in them; on the left foot, which, by the way, does not look so black as the right, the sloughs are commencing to separate, but are inclined to go pretty deep. I hope to be able to save both feet, with perhaps the loss of some of the toes, but may not succeed. I am well aware it is the practice in the hospitals to amputate when the line of demarcation has become well formed, which is the present condition in this case. I expect the tendons will be pretty well exposed when the sloughs come away, but upon the fact of motion remaining I have based my hope of saving the feet. At some future time I will report the result of my treatment.

The Plague.

It is a very remarkable fact, says a learned writer, that all the most ancient plagues on record, of whose symptoms we have any precise account, appear to have been of the varioloid kind, though to the word "plague" is annexed an idea which includes some great and indescribable calamity; yet those who are familiar with the technical niceties of the medical language employ that expression to denote fevers only, accompanied with boils and carbuncles. Philo, an Alexandrian Jew of the first century, wrote a book on the life of Moses, and in that part of Exodus which describes the plagues inflicted on the Egyptians, he has introduced a paraphrase on the words of the historian. Now his commentary on the plague of "boils and blains" contains, as Dr. Willan observes, a lively and accurate description of small-pox. The eruptions are exhibited by Philo in a light as clear and strong as language can supply, not as being confined to the glands, as in the true Oriental plague, but spread over the whole skin. It is evident that if Philo's account, descriptive of the small-pox, be a true representation of the Egyptian plague, it dates the antiquity of that disease to nearly 1500 years before the Christian era. The histories and traditions of the Eastern nations, particularly the Chinese and Hindoos, refer the commencement of this disease to a corresponding epoch.

MISCELLANY.

AN HONEST CONFESSION. In a letter to Dr. Gaillard, editor of "L'Homœopathic Militants," Dr. Boens, member of the Royal Academy of Medicine, Belgium, says, "I cannot refrain from acknowledging that the homœopathists have rendered incontestible services to many persons, in replacing by a suitable diet the infatuation for drugs, one-half of which are useless, a quarter harmful, and only the other quarter useful and efficacious."—*New Eng. Med. Gazette.*

TYMPANITIS. In tympanitis the oil of turpentine will be found a very reliable remedy, given as follows: Five drops of the oil on sugar two or three times a day. In our experience it has proved serviceable in a large number of cases.

PHOSPHATIC DEPOSITS. Lactic acid in doses of from 15 to 30 grains is recommended for removing phosphatic deposits.

AFTER PAINS. Dr. J. B. Chagnon says that he has used citric acid for those pains following labour, and that it has never failed in his hands. He gives 5 grains of the acid in two or three ounces of water every five hours. He says it acts as a nervine and as a preventive of inflammation.—*Canada Med. Journal.*

SUN STROKE. An eminent medical writer says that the most scientific mode of treatment of a person stricken down by heat is to remove him to the shade, strip him, and assiduously douche him with cold water over the head, neck and chest. This exerts a powerful impression on the cutaneous nerves, which is promptly reflected to the sensorium, and sets the suspended respiration in motion. If he does not arouse give an emetic and plenty of water; get all the water into the system possible.

NEURALGIA. A German physician prescribes as a sure remedy for neuralgia a poultice and tea made from our common field thistle. The leaves are macerated and used on the parts affected as a poultice, while a small quantity of the leaves are boiled down in the proportion of a quart to a pint, and a small wine-glass of the decoction drank before each meal.

THE PROFESSION. Many of the medical profession are no doubt worthy of all the confidence that can be reposed in them, but as this can never be the character of every individual in any profession, it would certainly be for the safety as well as the honor of mankind, to have some check upon the conduct of those to whom they entrust so valuable a treasure as health.

WORTHY OBJECTS. To assist the well-meant endeavors of the humane and benevolent in relieving distress; to eradicate dangerous and hurtful prejudices; to guard the ignorant and credulous against fraud and imposition, and to show men what is in their own power, both with regard to the prevention and cure of diseases, are certainly objects worthy of the physician's attention.

FOOD. Many people imagine that the food which is agreeable for themselves cannot be bad for their children, but this idea is erroneous. In the more advanced periods of life we often acquire an inclination for food which when children we could not endure. Besides there are many things that by habit may agree very well with the stomach of an adult, but which would prove hurtful to a child.

NURSES. Nurses who deal much in medicine are always to be suspected. They trust to it and neglect their duty. Says an old physician, "I never knew a good nurse who had her elixirs, cordials and sleeping drops always on hand. Such generally imagine that a dose of some one of these will make up for all defects in food, air, exercise and cleanliness"

A GOOD LAW. The injunction given to the Jews, not to eat any creature which died of itself, seems to have a strict regard to health and ought to be observed by Christians as well as Jews. Animals never die of themselves without some previous disease, and how a diseased animal can be wholesome food is inconceivable

CITY BURIALS. It is quite common in this country to have church-yards in the midst of cities and populous towns. Whatever gave rise to such a custom it is a bad one. It is habit only that reconciles us to these things. Certain it is, that thousands of putrid bodies so near the surface of the earth, in a place where the air is confined, cannot fail to taint it, and such air if breathed into the lungs must occasion disease.

SLEEP. Nature points out night as the proper season for sleep. Nothing more certainly destroys the constitution than night-watching. It is a great pity that a custom so destructive to health should be so much in fashion. How quickly the want of rest in due season will blast the most blooming complexion or ruin the best constitution, is evident from the ghastly countenances of those who "turn day into night and night into day."

SMALL-POX Dr. Baron of England says, "that an eruptive disease, common both to man and to the inferior animals, has been known in different ages and in different countries, and that the descriptions given of it, by various writers, accord so completely with those acknowledged to be characteristic of small-pox, as to render it highly probable that this disease actually existed at a much earlier period than that usually assigned to its origin."

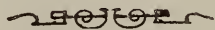


MEMORANDA

1600. A pestilence raged over almost the entire of Europe.
1601. Plague raged in Portugal.
“ Tyco Brahe, astronomer, died in Denmark, aged 55.
1602. A pestilence raged at Constantinople.
1603. Plague in London said to have destroyed 36,000 lives.
1608. Benzoic acid discovered by the chemist Blaise.
“ Malignant dysentery prevailed in England.
1609. Plague prevailed in Denmark.
1610. Malignant sore throat epidemic in Spain.
1611. Plague in Turkey destroyed 200,000 lives.
1612. Malignant fever prevailed in England.
1613. Plague appeared in different parts of France.
1614. Small-pox epidemic in England and measles in France.
1616. Agues were epidemic in Germany.
1618. Malignant epidemic visited Naples and Denmark.
1623. Epidemic fevers prevail in Europe.
1624. Plague in England destroyed 35,000 lives.
“ Plague also raged in Denmark and Italy.
1626. Plague in France swept off 60,000 persons.
1629. A pestilence raged in France and Holland.
1630. Plague visited England and Austria.
1632. Plague in France destroyed a great many lives.
1635. Plague in Netherlands destroyed 20,000 lives.
1640. Pleurisy was epidemic in many parts of England.
1647. The plague again visited London.
1649. Plague in Spain destroyed 20,000 persons.
1650. Epidemic influenza visited various parts of Europe.

EDITORIAL NOTES.

IS CONSUMPTION CONTAGIOUS? We have just received a new publication bearing this title, which we have read with great satisfaction and profit. It is from the pen of Herbert C. Clapp, A. M., M. D. a well-known physician of Boston, who is also lecturer on Auscultation and Percussion in the Boston University School of Medicine, &c. This is one of the most important works now before the profession, and puts at rest a subject upon which, hitherto, doubts have arisen in the minds of some of our best physicians. Dr. Clapp has handled his subject in a masterly manner,—has brought the best arguments and illustrations attainable to bear upon it,—has treated all his authors, from which he has quoted, in the most open and honorable manner,—and has presented an array of experiments that cannot fail to forcibly impress the mind of every candid and unprejudiced reader. The work commends itself to the attention of every professional reader, and we cannot do science a better service than to commend the book to the careful perusal of every progressive reader of every school. The work is presented in a neat and tasteful style, and can be procured of Messrs Otis Clapp & Son, No. 3 Beacon Street, Boston.



THE NEW ENGLAND MEDICAL GAZETTE. We have received Nos. 1 and 2, Volume 16, of this publication for the current year. They contain a variety of well written articles upon subjects connected with medicine, all of which are of undoubted interest to the practitioners of Homœopathy, to which school of medicine the "Gazette" is devoted. The publication is edited by Dr. H. C. Clapp, author of the book above noticed, and is creditable to him as an editor, and to the School of Medicine with whose interests the "Gazette" is identified. We wish it a large share of success.

We have received No. 10, Volume 1, of the PEORIA MEDICAL MONTHLY, containing its usual variety of medical and other interesting matter. It is published at Peoria, Ill., by Thomas M. McIlvaine, A. M., at \$1.00 per year.


THE MEDICAL ADVANCE, T. P. Wilson and J. P. Geppert, M.D., editors, comes to us with a bountiful supply of well written articles, upon various subjects connected with medical science, that may be read with pleasure and profit. The "Advance" is published in Cincinnati, O., at \$2.00 a year.

THE GEORGIA ECLECTIC MEDICAL JOURNAL comes to us as a familiar friend, as since its start many copies of this "Journal" have fallen into our hands, and from the reading of which we have arisen, often a wiser if not a better man. Be assured brother editors that your pretty compliment is duly appreciated, and we shall continue our endeavors to meet your approval. The Journal is published at Atlanta, Ga., monthly at \$2.00 per year, and Drs. Jos. Adolphus, J. R. Borland and G. J. M. Goss, Professors in the Georgia Eclectic Medical College constitute the editorial trinity.

The regular meeting of the Boston District Eclectic Medical Society was held on Tuesday Evening, Feb. 8, 1881. A goodly number of members were present, and the Society listened to two interesting essays. One upon Colchocine and its sub-cutaneous employment in Rheumatism, by G. H. Merkel, M. D., of Boston;—and the other upon Dressing Fractures, by F. L. Gerald, M. D., of Hyde Park. The essays were well written, and the subjects were treated in an interesting and instructive manner. The reading of the essays was followed by a discussion of their subjects, in which all present took part. These meetings are becoming more and more interest-


ing, and the brethren are exhibiting a commendable interest in them as evinced by their constancy in attendance. These social meetings have proved very useful, and it is to be hoped that the interest in them will continue to increase.

We have also received No. 6, Volume 2 of the **INDEPENDENT MEDICAL INVESTIGATOR**, a journal of progressive medicine, published at Greenfield, Ind., and edited by John L. Marsh, M. D., with an able corps of assistants. We hail this publication with pleasure, as we do all such as are devoted to medical progress. Progress is the order of the day, and not to be progressive is not to be up with the spirit of the times.

 The Eclectic Gynecological and Obstetrical Society will hold its regular meeting at the rooms of G. H. Merkel, M. D., 322 Shawmut avenue, Boston, on Tuesday evening, March 22, at 7 o'clock, for the transaction of the remaining business of the annual meeting. After the completion of this business the session of the regular meeting will be opened for the reading of essays, discussions, etc. The members are earnestly solicited to be present as early as possible, that no delay may occur in completing the unfinished business.

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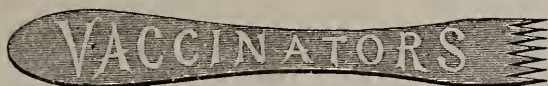
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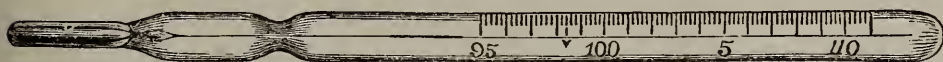
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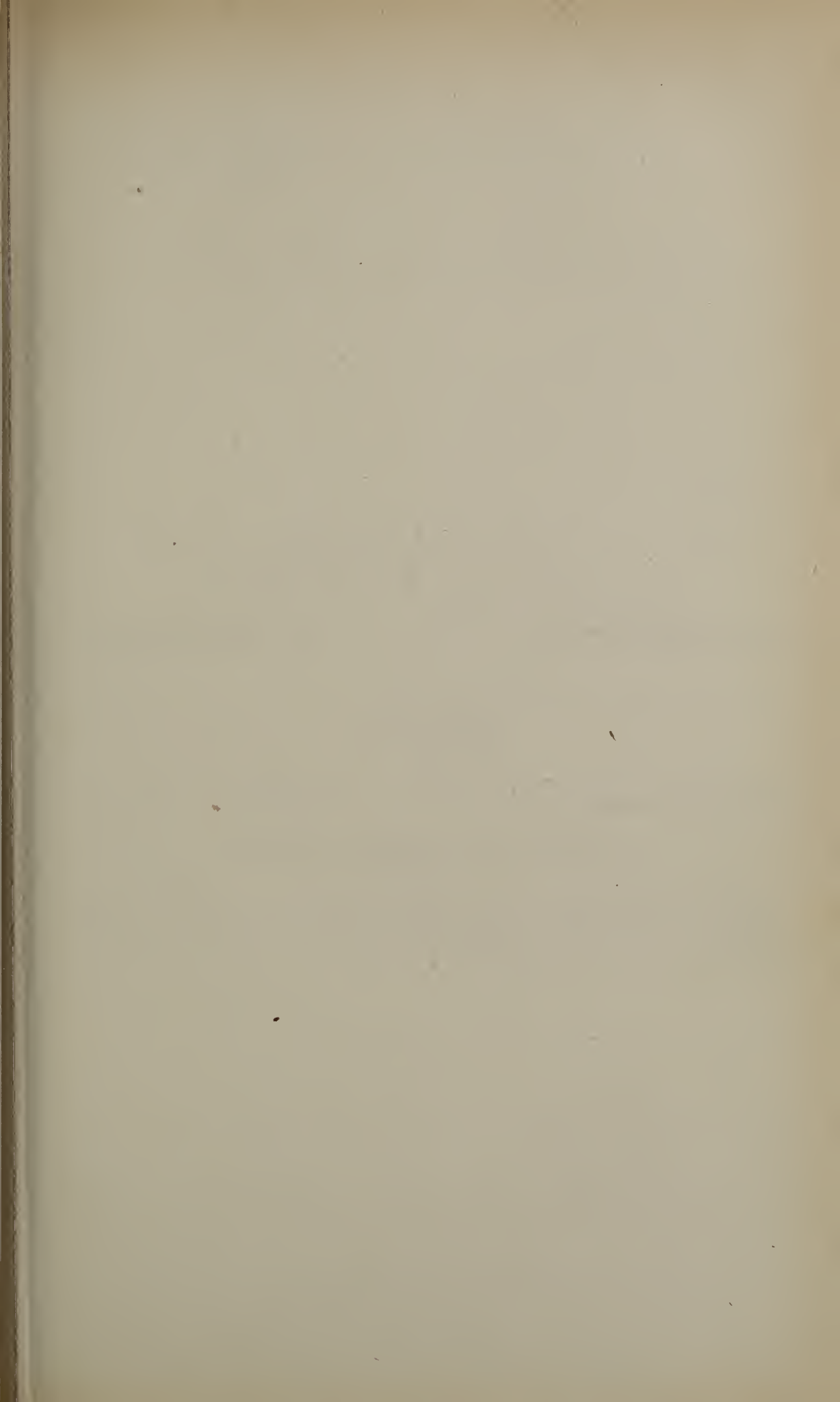
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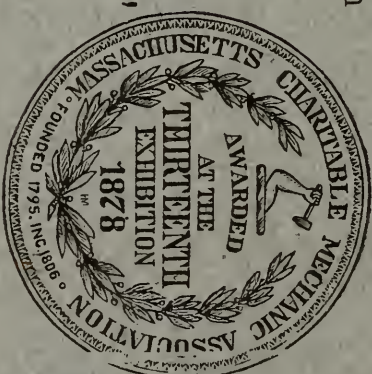
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(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY,)

EDITOR.

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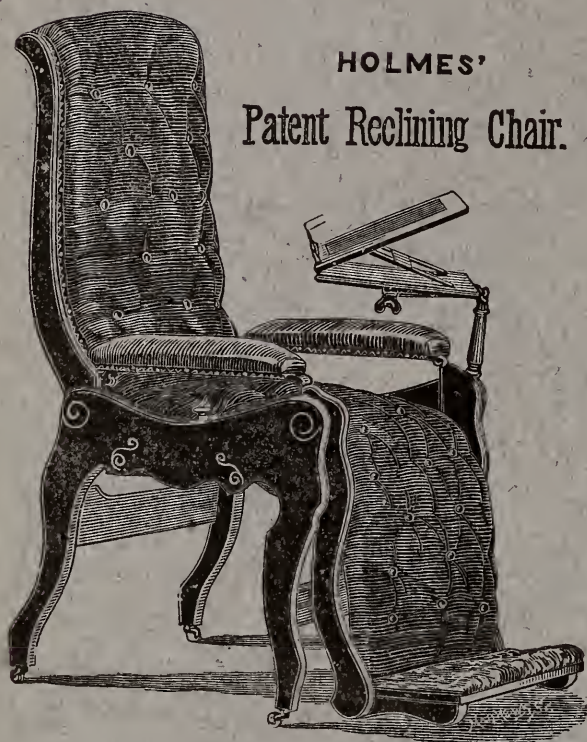
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COLCHICINE.*

Employed Sub-Cutaneously in Rheumatic Affections.

By G. H. Merkel, M. D.

(READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.)

Early in the Spring of 1877, my attention was called to an article in the "Berliner Klenische Wochenschrift," written by Dr. O. Heyfelder, of St. Petersburg, in which he cited seven cases, each of which he treated with a dose of two milligramms per die by injection, with the most startling effect; though he says those cases did not recover so speedily as those reported a few months previous, in "Gazette Medicale de Paris," by Dr. Radia, a Spanish physician. To my knowledge, he was the first to make use of it per hypodermic injection.

Dr. Skoda, in the "Wiener Med. Press," in 1868, recommended "Colchicine in Solution" for all rheumatic affections of the joints. He says it has a specific influence on the inflammatory process. The following is the formula which he praises so highly:

R. Colchicine one grain; Aq. Dist., two drachms.—Dose, five drops two or three times a day. This has been used to some extent, but very little mention of it has been made in

*L. BABO, 12 Boylston Street, Boston, Mass., keeps a solution ready for use.

medical literature. Probably this is owing to the great irritation it produces in the stomach when given for several days; consequently other remedies have been substituted.

The effect observed by Dr. Heyfelder in his seven cases, was of such a surprising nature, (its sub-cutaneous use having no particular unpleasant after-effect,) led me to resolve to test its efficacy the first opportunity which presented itself. This being a season when rheumatism is almost a daily occurrence, I knew I should not have long to wait.

The value of the different preparations of *Colchicum Autumnale* in the various forms of Arthritis, rheumatica Rheumatic sciatica, as well as in gout, was firmly established in my mind. I had always used them with favorable results; but as several enthusiastic experimenters and writers praised *Acidum Salicylicum* and *Sodae Salicylicum*, above all remedies as a specific for all rheumatic affections, it had to make room for them. This may be true in many cases, but I have found that *Salicylic Acid* and *Soda* did not even relieve the paroxysm of pain in acute attacks for several days, while *Colchicine* (sub-cutaneous injection) relieved the same from two to six hours. However, I would state here, that I consider *Colchicine* only useful in acute and sub-acute attacks of rheumatism and gout, though I have found delicate persons who were not able to bear 1-60th grain, as I shall relate below.

It seems strange no other reports have appeared in the *Medical Press* since mention of the above was made. If such has been the case, it has escaped my notice, though I have eagerly followed the literature.

This fact prompted me to report my experience in the different forms in which I have employed *Colchicine* sub-cutaneously. Out of twenty-three cases thus treated, I will select one of each of the more severe forms.

FIRST. J. W. N., a lawyer, 43 years old, an officer in the United States army during the late war, was short, stout and well nourished. In 1864 he had an attack of arthritis uratica, and since that time frequent sub-acute attacks which confined him from six to eight weeks in bed. I was summoned February 5, 1877. Found him with high fever, pulse 124, temperature 103, extreme pain in the right shoulder, elbow-joint and wrist which were very much swollen, as was also the left arm and both legs. Many articular nodes were

visible on the different parts. He had placed on the elbow joint and wrist a large pitch plaster. I ordered Lithin Carb, with Tr. Semini Colchici internal, and Linimentum Chloroformi, external. Noticed no particular change in the evening. Temperature 5-10 per cent. higher, pulse 120, pain very much the same. Gave $\frac{1}{4}$ grain Sulph. Morphine sub-cutaneously. February 6th, very little relief had been obtained from the morphia, and as the pain was still very severe, another injection of morphia was given, and the above treatment continued for the next four days with $\frac{1}{4}$ grain morphia night and morning, after which time the pain gradually abated, the swelling went down, and articular motion was established, though it was three weeks before he was able to leave his room. April 18, was called to see him again. Found this attack to be more severe than the previous one. Could not move in bed; pain very severe, all the joints being involved; pulse 124, temperature 103 5-10, tongue thickly coated, urine light and scanty. Having procured the Colchicine, I injected 1-30 grain to $\frac{1}{2}$ drachm of water in the right leg above the knee, this being the most painful part. Saw him at eight o'clock that evening, also six hours later. The pain had lessened very much, pulse reduced to 110, temperature to 101. There being however much pain in the arms, he desired another injection in the right arm. This I made of 1-60 grain only. Called the morning of April 19th. Found he had slept well most of the night, having pain only when moving, which he accomplished with difficulty; pulse 98 quite full, temperature 100. There was a burning sensation where the injection had been made, but no redness. Made another injection of 1-30 grain in the left arm. In the evening of the same day there was no pain, and the limbs were perfectly flexible. Remarked he would be able to go to Court the next day if he felt as well as he did that afternoon. Next morning, April 20th, he called at my door about nine o'clock. He was on his way to Court, and said he felt as well as usual. No other remedies had been given. It is to be observed in this case, that in the first attack the internal treatment of Lithin carb., and Tr. Sem. Colchici and $\frac{1}{4}$ grain Morphia twice a day for five days, did not relieve his suffering as much as 1-12 grain of Colchicine at three different intervals. One year later February 15th, 1878, was called to attend him for a slight attack,

which one injection of 1-30 grain Colchicine completely subdued. Since that he has passed from my observation, but I understand he has had no other attack.

SECOND. Herbert N., aged 28, clerk at the post-office; has had articular rheumatism here and there for four years, for which he has been under the care of different physicians. October 15th, 1878, saw him for the first time while having a severe attack. Had been under the care of Dr. R. for two weeks, whose efforts during that time had been in vain. Even daily Morphine injections failed to relieve him. The status presented was as follows: Patient had the most pitiful appearance, high fever, emaciated, irritable, sensitive to the touch, wrists and fingers much swollen, contracted inwardly and very painful. The left Nerv. Ischiaticus from its origin to the sole of the foot very painful, knees contracted and swollen, also a swelling on left tibia; each touch, pressure or movement increased the pain. Spasmodic twitching often occurred, making the patient scream out. Morphine had given him only a few hours rest, though under that treatment with Bromidum Iodatum, and Potass Iodat, he had managed to keep comfortable. But this had produced so much irritation in the throat, I ordered it to be discontinued. An injection of Colchicine, 1-30 grain, was made on the 15th, 16th and 17th, followed by a complete remission of the pain, flexibility of the limbs and fingers gradually returning. After the second injection he was free from pain, sleeping that night, and moving his limbs without increase of pain. After the third injection, said he felt perfectly well; and though weak, would get out of bed if I would allow him. The places where the injections had been made were red and sensitive, but on the 21st of October, movement was perfect, and he was able to walk around the room without difficulty. The swelling and redness had disappeared, and with the repeated treatment of Polan Iodat, in three weeks he entirely recovered. Despite the cold weather we had in November, no return of pain occurred, and he continues well up to the present time.

THIRD. The third case I would bring to notice is that of Mrs. N., aged 34. Her husband called on me January 6th, 1879, with the question: "Have you anything which will relieve my wife's sufferings? For the past three years we

have exhausted both Allopathic and Homœopathic skill. I wish you to take the case." Found the patient suffering with Rheumatism Ischiatica, with complication. (Coxitis.) There were times when she could neither sit up or lie down without the most intense pain. Even the most skilful physicians had failed to relieve her. The left Nerv. Ischiatic was contracted, giving the limb the appearance of being $\frac{3}{4}$ of an inch shorter than its mate. It was very sensitive, and she could not bear any weight upon it. An injection of Colchicine, 1-30 grain, was made above the trochanter major, below the Musc. Glutæus maximus et medius. After two hours, remission of pain lasting ten hours. January 7th another injection of 1-30 grain Colchicine between the Musc. adductor longus and vastus internus, completed the cure. The first injection produced no irritation of the skin, only a slight redness and sensitiveness. The contraction was relieved, with no recurrence up to the present time. This case however, recovered more quickly than some others of the same form. Though not as severe, it required seven or eight injections, at intervals of 24, 36 and 48 hours, before rest was obtained.

FOURTH Mr. John C— Merchant Tailor, 54 years old, was attacked with Myalgia Scapularis, while riding with his family one day in the fall of 1878. On arriving at his residence, he sent for Dr. N. who gave him $\frac{1}{4}$ grain morphia. Repeated the dose half an hour after, but it failed to give relief, so in two hours another $\frac{1}{4}$ grain was given, this time with effect. He was free from an attack for two months, when another occurred, for which he received the same treatment. The attacks returned regularly every three, four and five weeks during the cold weather, the longest interval being four months in summer. He consulted me November 13th, 1879, but did not put himself under treatment, as he had only a slight attack. December 14th, 1879, was called in great haste to see him. He was suffering great pain in the left shoulder, down the arm to his fingers, extending to the intercostal muscles, so that he could not draw a long breath, and could only articulate with difficulty. The injection of 1-30 grain Colchicine relieved him in two hours. He slept well that night, and woke the next morning without the nausea which always followed morphine. Had no other attack till January 3d, 1880. This was slight, and I injected 1-60 grain.

He continued well up to November 5th, 1880, when he had a slight attack. I again injected 1-60 grain. Up to the present time no attack has occurred.

FIFTH. Was called April 26th, 1879, to see Mrs. B., a lady of 36, who was under the care of Dr. B. She was suffering from *Myalgia pectoralis et intercostalis* with syphilitic diathesis, and was somewhat hysterical. Had no relief nor sleep for three nights. She was unable to move and her breathing was difficult. Injected 1-45 grain Colchicine between the fourth and fifth ribs, and left her with the promise that I would call the next morning. Found she had rested well all night. The pain had not returned, but she wished me to make an injection that night for fear the pain might return. This was done, but only 1-100 grain was injected, though no pain had returned. She rapidly recovered her health and strength, and there was no re-currence till April 16th, 1880. Being out of town at that time, Dr. A. was called, but he refused to undertake the case. Dr. C. was then called. He gave her $\frac{1}{2}$ grain morphia sub-cutaneous. That failing to give relief, he gave her $\frac{1}{4}$ grain more, and left, only to be called again. Not being at home Dr. H. was called in. He, like Dr. C. gave $\frac{1}{2}$ grain morphia hypodermical. Meanwhile I returned and went at once to the patient's bed-side. Found her in great distress. No relief had been obtained. Dr. H. was called in consultation, and we concluded to administer ether for the night. On the morning of April 27th, not finding any improvement, gave her 1-30 grain of Colchicine hypodermical, near the same spot as before. Two hours later the pain had subsided, nor did it return while under my observation. On the 15th of June, 1880, she departed for Europe.

SIXTH. Charles A., 43 years old, had been suffering from *Myalgia Lumbaeis* for two days. Could neither sit nor stand. Intense pain during the night in the Lumbar region, which had bent him forward. In the afternoon of December 3d, 1880, gave him an injection 1-60 grain Colchicine, and in three hours the pain had left him. No return up to the present time.

SEVENTH. John H., farmer, 57 years of age, had always been well till November 1879. He was then attacked with rheumatism in his right side. It left him however in three

weeks after using various remedies. March 9th, 1880, consulted me at my residence. Found his to be a case of Myalgia Cephalica involving the right sterno cleido mastoid and trapezius muscles, which drew the head to the right side. It was very painful and had existed for ten days. No relief from the remedies prescribed by Dr. N. had been obtained. An injection of 1-30 grain Colchicine back of the neck, and a three drop dose of Tr. Gelseminum three times a day, relieved him the second day, and on the fifth he said he felt perfectly well.

EIGHTH. This case was one of the worst forms of "Arthritis Deformas," that ever came under my observation. Mrs. S, a lady of 54 years, was very much broken down in constitution. The fingers of each hand were dislocated; ankylosis of the left foot and ankle joint; right knee largely swollen, and very painful when moved. She had suffered for seventeen years, it gradually coming on, commencing at the finger joints and toes, and slowly creeping upward. But till within a few years she had been able to move about. When I first saw her, (September 1880,) she had a severe attack of pain, high fever with intermittent pulse. Owing to her low condition, my treatment was at that time merely symptomatic and constitutional. December 14th, 1880, had a great deal of pain in the left foot and knee, but her condition as a whole, was much improved. Made an injection of 1-60 grain Colchicine below the knee, which instead of relieving, increased the paroxysm of pain, followed by vomiting and diarrhoea. After this, the pain ceased. The patient would not consent to another injection, as the place of puncture was very red, sensitive and painful. But seeing a steady improvement after the sensitiveness had passed off, she permitted me to make another injection on the 25th of January, while suffering severe pain. I injected 1-120 grain of Colchicine in the right arm, this time with a favorable result. The pain completely ceased, and that night she rested better than she had for two years. This induced her to have an injection of 1-120 grain in the right arm, in both legs above the knees, and one below the right knee for four successive days; but none of them were as favorable as the one January 25th. Each one was sensitive to the touch, red and painful. The stomach was disturbed, and the bowels loose, so I was obliged to dis-

continue this treatment. February 11th, to my great joy, found all these unpleasant symptoms had disappeared. The swelling on the joints was greatly reduced, and the right knee as well as the left ankle joint, moveable. My hope is, that much may still be done for the comfort and relief of this patient.

At the close of this recital, I would state, that while many of the cases not mentioned here, recovered in a short time by injections of Colchicine without further treatment, others had to submit to a constitutional treatment for a longer or shorter time as the case required.

322 SHAWMUT AVENUE.

Boston, March 18, 1881.



PLACENTA PRÆVIA.

By John Perrins, M. D.

(READ BEFORE THE BOSTON EC. G. AND O. SOCIETY.)

Of all the accidents which may befall the pregnant woman, and which may be said to be, even in part, within the control of the Obstetrician, there are none so fraught with danger to the patient, or I may say to both mother and child; and certainly none that will give greater anxiety to the attending physician, than Placenta Prævia.

Whatever differences may exist among the best authorities on other points in this subject, all are agreed on this one.

It is not my intention to even attempt an historical

description of this accident, or condition, but shall confine my remarks more particularly to the physiological or pathological condition, and the best methods of treatment.

As it is a condition which occurs so seldom that it is possible for one to pass through a long life of practice without seeing a single case, it may be thought to be of little consequence, and by some of us laid aside to give room to subjects of more frequent occurrence; but as it does sometimes take place, not one of us can tell but our next call may be to take charge of one of these cases; and as it sometimes develops so suddenly and always unexpectedly, that with all things favorable for our speedy arrival at the bed side, such is the tendency of the condition to terminate the life of the patient, that we have no time to turn to a single book for the outlines of advice even, but if we would do all in our power to save life we must act at once; and woe be to our patient, and everlasting remorse and disgrace to us, if we are unprepared to do the very best that can be done in such a case.

It is better therefore, that once in a while we lay aside more common-place subjects and refresh our minds with at least the very important points, so that we may in any emergency have them at our finger's ends.

It is not of any real importance to us in the management of a case, to know just what are the causes and how they operate to produce Placenta Prævia, but I presume it is generally admitted that there must be some difference between the decidua nerve of the uterus and the uterine walls; so that instead of the ovum as it passes from the fallopian tube into the cavity of the uterus, being retained in its proper position by the decidua reflexa until the villi of the ovum are developed and have become attached to the denuded portion of the fundus of the uterus, it is permitted to find its way by gravitation between the decidua vera and the uterine wall until it reaches the most dependent portion, which is the os or near the os; thus it is I think why we may find this condition of Placenta Prævia varying from complete to only very partial; and in proportion to the approximation of the centre of the placenta, to the opening of the os, will we find the danger and difficulty; the nearer these two centres approach, the greater the danger.

In the early months of pregnancy there is little or no

danger from hemorrhage in these cases, because the growing foetus is accommodated by the enlargement of the fundus and body of the uterus; but towards the seventh month, when it requires also all the accommodation which can be given by the expansion and merging of the upper portion of the neck into the body. It is by this means that the maternal surface of the placenta becomes to an extent separated from the surface of the uterus, and consequently some of the blood vessels are ruptured; flowing to some extent now takes place. If this takes place several months before full time, the flow is generally slight, and by the formation of a clot is for the time being arrested. In the course of a few days, or it may be a few weeks, this will be repeated, when the flowing will be more profuse, and so on to the end.

In all such cases it is imperative that our patient be placed in the recumbent position, upon the back, with the hips elevated and perfect quiet enjoined; it may even become necessary to use the tampon.

If the patient has completed her seventh month it is sometimes strongly recommended to rupture the membranes and by slowly letting out the liquor amnii make room for the foetus. It is claimed that one of the best methods of doing this is by the use of a common silver catheter; others again claim that this is bad practice, for if this should fail to stop the flowing, and we have to resort after all to delivery, and we find, as is often the case, that we have to perform version, it will be much more difficult for the physician and dangerous to the life of the patient.

It is advised by others, and I think generally accepted, that if flowing takes place at or after the seventh month, the best plan is, as soon as the os is dilated sufficiently to admit the ends of two fingers, to proceed to delivery as quickly as possible, by searching for the ruptured part, and then by force detach a sufficient portion of the placenta to admit of the introduction of the fingers, or as much of the hand as may be necessary to enable us to find a foot; not waiting for the other, we should bring this one down and so deliver as in any other case of version.

As soon as the child is delivered we should at once attend to the delivery of the placenta. If we find that any portion is still adherent, this should at once be removed, for there can

be no safety to the woman until this is done. This method is applicable more especially in cases of partial Placenta Prævia, but in complete Placenta Prævia, we may find it absolutely necessary to pursue a different course of action.

In these cases it has been advised to rupture right through the placenta and seize and draw down the foetus through the placenta, but to this I think there are very serious objections.

In the first the tearing of the placenta to admit the hand, would of necessity increase the flowing quite seriously; but suppose this to be overcome, the rent through which the hand would pass would not be sufficient to admit the passage of the child, and therefore must again be enlarged giving rise to still greater flowing; but suppose this too should be overcome so far safely, a still greater danger is to be encountered. It will require no great stretch of imagination to see the danger after the legs and body of the child had passed through, that in the endeavor to get the head to pass, the placenta may become entirely separated from the uterus, and now around the child's neck forms a very formidable obstacle to the delivery of the head; and at the same time serves to prevent the contraction of the womb, in the immediate neighborhood of the bleeding vessels, and so greatly imperils the life of the mother. Another method, and in my opinion far preferable, is to separate if possible sufficient of the placenta from the one side, always choosing the side that is the shortest distance from the opening of the os to the circumference of the placenta, pass the hand between the separated placenta and the uterus, seize a foot and bring it down and so complete the delivery; but this may not always be possible.

There are some cases where it will be advisable to entirely detach the whole of the placenta and deliver that first; this this will most likely be the case where we have complete or nearly complete Placenta Prævia and where the placenta has become partially detached all the way around, and where to leave it in position it would be very much in the way of a speedy and safe delivery of the child. Whatever method we may find it best to adopt, there is one point I consider of great importance, and that is the introduction of the whole hand into the vagina with as little delay as possible; it there serves as a plug to arrest the flow until the body of the child

can be brought into that position where it will serve a like purpose. After delivery the usual means to bring about speedy contraction are administered in these cases.

I will close my remarks by reporting three cases; one as reported by H. E. Spalding, M. D., in his essay before the Massachusetts Homœopathic Medical Society in 1874; and two which have taken place in my own practice in this city; each of these cases differing in some important points from the others. The case Doctor S. reports he said was a first pregnancy.

A gentleman requested him to visit his wife, who he said was seven months pregnant, and flowing. On reaching the house, which was two and a half miles distant, he found it vacant and was about leaving in disgust, when he saw the patient coming from the stable with a chicken-dish in one hand and a pail in the other. She informed him that soon after rising she had a sudden and profuse rush of blood from the vagina. She laid down on the bed; soon after her husband had started for the doctor it ceased and she felt well enough to get up and go to work again.

Upon examination the doctor found the os high up, and seemed in no degree dilated, but there depended from it a clot of blood which he was careful not to remove, and insisted that she should retain the recumbent position; but when passing the house ten hours after, he saw her standing in the kitchen washing dishes. On the evening of the same day the husband summoned the doctor, saying she was worse than ever.

He found on his arrival that she had just been placed upon the bed, and beside the chair where she had been sitting there was quite a pool of blood; yet she did not seem very faint or weak. After examination, the doctor concluded that it was a case of accidental hemorrhage, and having an urgent call to see a patient about two miles beyond, insisting that she should remain perfectly quiet, he left her, promising to return soon. When in less than an hour he returned a sight met his view that he was little prepared for. The attendants were hurrying to and fro in dismay. The patient lay upon the bed ghastly pale, speechless, and almost pulseless. From the foot of the bed there ran blood, which had formed a large pool on the floor.

Ordering the attendants to feed her as freely as she could swallow with equal parts of New England rum and water—the only stimulant in the house—the doctor went to work.

He found the os dilated to the diameter of about an inch, its position as high up as before and the blood continually pouring from it. Freely lubricating the hand and forearm, he with no little difficulty succeeded in inserting the hand within the vaginal canal, where for the first time he was able to pass the finger within the os uteri, and discovered the presenting part to be the placenta complete.

By careful and continuous efforts, he succeeded in introducing the hand within the uterus, detaching the placenta as he as he did so, until the membranes were reached and ruptured, where he found a perfect case of transverse position of the foetus. The part opposite the os uteri, he found to be the left lumbar region. This explained the cause of the uterus being so high.

He did not seek the feet but at once brought the breech to the os uteri. By this time the uterine contractions had become strong, and hooking the index finger over the groin to use as a tractor, his hand and the breech was expelled from the uterus. The rest of the labor did not differ materially from an ordinary breech presentation. The foetus had the appearance of being dead several days.

The first case which came under my own observation, occurred in May, 1876. On the 27th day of that month I was summoned in great haste to see a lady who was residing but a short distance from my office; the messenger, a young woman, in answer to my inquiry, what is the matter? said that the lady was going to have a baby, that the mid-wife who had always been with her before was with her, and that she had sent her to get the nearest doctor she could.

Being just ready to start from home I at once went with her, and in a very few minutes reached the house. I was met at the door by a woman who proved to be the midwife in question. She in a hurried and excited manner explained to me that the case in hand was one where the afterbirth was presenting, and almost in the same breath demanded to know whether I had ever attended such a case. I evaded answering her question by asking her how she knew that the afterbirth was presenting. She said she had made an examination

and could feel it, and that severe flowing had taken place, which had caused her to send for a doctor; she was sure of the condition and again repeated her question. This time I answered her by saying I would make an examination, and then I should be sure.

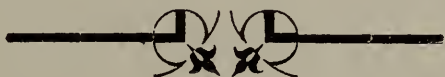
I approached the bed, the patient was exhausted and pale, and the bed was completely saturated with blood, and the woman was still flowing profusely. I hastily greased my hand and introduced it into the vagina, and at the same time ordered her to be fed with brandy by the teaspoonful every few minutes. I found the os considerably dilated and easily dilatable; nothing but the soft placenta presented to the touch. I now said to the midwife, yes you are right, it is the placenta that presents. I then expressed a few words of encouragement to the patient and without removing my hand proceeded to follow up the portion of the placenta that was detached, continuing to separate the portion that was still attached; very soon I reached the margin of the placenta on the one side, then the membrane, which I ruptured; passing my fingers through the rupture, I soon discovered one foot, which I at once brought down; my hand and arm had up to this time served as a plug; now as I withdrew it, the breech and body of the child served that purpose. In a short time the child was delivered, but owing as I thought, to the great loss of blood it was dead. Without stopping to cut the cord, I at once re-introduced my hand, finished pulling off the placenta and drew it away; at the same time making compression over the abdomen with my other hand, which manipulation I continued until the flowing had ceased. The rest of the treatment was just as in any other case where great care was required.

My patient was a Jewess, about thirty-five years of age, had given birth to five other children, and had been attended with all of them by the same midwife. I was requested to continue in charge of the case. She made a good but rather slow recovery.

My second case took place June 15, 1878, my patient being the same lady as in case just reported. About 5 P. M. of the day named, the husband came to my office and stated that his wife was in just such a condition as when I was called before; he stated that the same midwife was with her, and he

requested me to go to his house as quick as possible. On my arrival I found my patient very sick in bed, and the midwife attending her. Flowing had taken place to a considerable extent, but not nearly so bad as on the former occasion. It was fortunate for her that this time there were some premonitory symptoms in the form of occasional slight hemorrhages, for she was now living more than a mile from my office. The nurse too was on the lookout for trouble after her former experience, and as soon as hemorrhage manifested itself to any extent she informed the husband of the condition of things, and he came after me as quick as possible.

On examination I found that it was a case of complete Placenta Prævia. The placenta was detached for about one and one-half inches from the os, all around, and pressing downward and outward, towards the vagina. I at once commenced to insinuate my fingers between the placenta and the walls of the uterus, but found I could not reach the margin of the placenta as I had done on the former occasion. Pains were strong and as the placenta became more and more detached, I found it crowding more and more into the vagina; finally it was detached all around, and with a pain, I allowed my hand with the placenta to be expelled. I then at once re-introduced my hand, sought for, and found a foot, by means of which I drew the body down into the neck of the womb and vagina; the remaining portion of the labor progressing to its termination, just about as on the former occasion. The child was dead; it was rather small and had the appearance of being but poorly nourished. My impression was that the child was not more than an eight months baby. The patient this time had a slow getting up, but finally recovered her usual health.



PODOPHYLLIN IN RHEUMATISM.

By J. P. Bills, M. D., Pocasset, Mass.

Among the many ills that flesh is heir to, rheumatism may be ranked as one of the most distressing; not only from the agony and discomfort of pain, but from the abundance and variety of "sure cures," and an astonishing want of success in their employment. At one time we had the acid treatment and we are told that this is the proper thing; again, it is the alkaline and still we have the same result;—rheumatism no better. Either of these means probably would have worked good results in properly selected cases, and it is our opinion that the disease can not be treated with any degree of satisfaction unless we can distinguish the pathological condition calling for the remedy. The class of remedies styled anti-rheumatics are to be left out of sight (except in so far as they are indicated) in the treatment, and we are to be governed by the conditions presented, and not go over in our minds,—“What is good to cure rheumatism?” We have met not a few cases presenting the following symptoms:—Fulness of the veins presenting a knotty appearance, broad, full expressionless tongue, with the edges turned inwards. Podophyllin in 1-10 grain doses acted nicely. One case presenting the above symptoms was cured in two days; the patient had had an attack for two seasons previously and had put in six solid weeks in bed on each occasion. We cannot say what kind of treatment he received, but we are quite positive it was “regular.” Podophyllin is not classed as anti-rheumatic, but notwithstanding if we get the indications for its employment, we expect good results in a short space of time, and have yet to find the case, with the proper conditions for its use, that it will not help.

GENERAL DROPSY.

By H. G. Barrows, M.D.

By the term general dropsy, as here used, I allude only to an unnatural swelling of the whole body, attended with those peculiar symptoms which characterize that form of it.

Some authors affirm that hereditary disposition is not unfrequently the cause of dropsy. Perhaps this is true. We are pretty certain, however, that the following may be cited as among the causes of this disease.

Long continued intemperance; induration and enlargement of the liver. Dr. Baillie advances the opinion that after a patient has long labored under diseased liver, the blood becomes surcharged with alkaline matter.

Diseases of important abdominal organs give rise to it, as does also the gout, in the opinion of some.

The disease usually commences with a watery swelling in the extremities, troublesome especially at evening; upon pressure the swelling pits; the abdomen slowly becomes enlarged; the breathing at length becomes difficult, and a cough with watery expectoration follows; there is more or less palpitation of the heart; the urine is scanty and high-colored at times, at others it is a pale whey color, and copious; the bowels are constipated; there is a wasting of the body; a paleness of the skin; drowsiness; and a thirst which is almost ungovernable.

In forming an opinion of the danger of the disease in a given case, we must look at its cause; the age and strength of the patient; the seat of the disease; its duration. If the cause be a slow, incurable complaint, palliation is about all that we can reasonably expect. If it arise from debility, that is removable; from disease that is curable, from exposure to cold, or from inflammation, a fair chance for cure may be said to exist.

The treatment is to be directed to the fulfilment of two indications; first, to evacuate the fluid, and second, to prevent its re-accumulation.

To fulfil the first, perhaps, there is no better way than to administer emetics, every second or third day; to employ suitable cathartics; and to exhibit the best diuretics, as digitalis, squill, nitre, &c., followed with efficient sudorifics, as Dover powders and the like.

To fulfill the second indication—the prevention of the re-accumulation of the fluid—quinine, exercise, friction and cold; or alcoholic vapor baths, scarifications, blisters and bandages have been recommended.

Among the highly useful medical agents employed in this disease may be mentioned blue flag, buckthorn, dwarf elder, Indian hemp, aconite, elaterium, belladonna and croton oil.

Of elaterin, it may be added that it is a powerful hydrogogue cathartic, and has proved in the hands of many highly valuable in dropsy.

Of the virtues of croton oil, we would say that Dr. Bassett states that he has prescribed it in several cases of dropsy, of the abdomen and lower extremities, with the most decided advantage. He has uniformly found the oil to produce watery fœcal evacuations; to increase the secretion of urine; and to invigorate not only the stomach, but apparently all the vital organs. He also adds, that in a case of hydrocele of long standing, he exhibited it twice a week, and succeeded in curing the disease in the course of a month.

Nitre is highly recommended to promote the secretion of urine. Dr. Brookes says he knew a young woman who was cured of dropsy by taking a drachm of nitre every morning in a draught of ale, and *that* after she was given over as incurable.

Dr. Ball says, a large spoonful of unbruised mustard seed taken every night and morning, and drinking half a pint of the decoction of broom tops after it, has effected a cure after other powerful medicines had failed.

The cream of tartar also works well in this disease. An ounce, or even more, may be taken during the day, in divided doses, every second or third hour.

Dr. Walker reports a case in the "London Gazette of Health," wherein he says, whilst at the Oxford Infirmary, having noticed all the cases that occurred, which were pretty numerous, in the course of nearly twenty-five years, that

notwithstanding the exhibition of cathartics, diuretics, &c, after tapping, *ascites* always returned, requiring a repetition of the operation. In a subsequent case, a favorable one for the purpose, at my suggestion, and under my own management, in addition to the ordinary means, I succeeded in preventing a return of the disease by a continued *tight bandage*.

How far this remedy has been tried in this country, and with what success, I am not informed.

In the "London Medical and Physical Journal," Dr. Paul communicates a case of some considerable interest. The gentleman who was the patient was a friend of the doctor, of whose case he says, he had constant irritative fever; pulse varying from 110 to 120; features very sharp; great prostration of strength; abdomen tumid, evidently containing fluid; considerable tenderness on pressure over the hepatic region; anasarca of the feet and ankles.

The diuretics having been fully tried and without producing the least effect, it was thought useless to continue them longer; particularly, as they disturbed the stomach.

The tincture of kino was prescribed; for the first few days he took four drachms of the tincture daily in divided doses in port wine; and then he took daily an ounce, and fully half a bottle of port; this was from the first of February to the first of April; after this time he took an ounce of the tincture only, in three days.

He had been tapped, and when he commenced taking the kino, he was nearly as full as before the tapping. After taking it for eight or ten days, symptoms of amendment began to manifest themselves. His appetite improved; he became stonger; and the pulse was less frequent. The abdominal swelling was found, by exact measurement, to be stationary; and very soon it evidently decreased, so that at the time the dose of the tincture of kino was reduced, he was able to go some distance from home.

From the effect which the tincture of kino has had in controlling the dropsical effusions in this case, the doctor adds, I am induced to think that it will be found, on further trial, to be a valuable medicine in all the varieties of dropsy.

We have referred to the use of the bandage. We have a little more testimony to add in its favor. Prof. Speraura, of Europe, says he has employed gradual pressure in a case of

abdominal dropsy, with complete success. The patient was in a very debilitated state; her abdomen was much enlarged; digestion was bad; and the secretion of the kidneys was small and morbid. Purgatives, diuretics, and mecurials, having failed, the Professor, being unwilling to have recourse to the operation of tapping, resolved to give gradual pressure a trial,—a practice which he had frequently found to succeed in dropsy of the extremities. He applied the bandage, gradually increasing the pressure every day. The secretion of the kidneys soon became copious, and in the course of seven weeks, the patient was free from every symptoms of dropsy.

He then prescribed the Sulphate of Iron, with the tincture of Squill, and decoction of Iceland moss, for the purpose of preventing a relapse, which had the desired effect.

In regard to this disease, my own experience has not been as extended as that of some others; yet, the remedies suggested, and which follow, may prove beneficial with those who may be disposed to give them a trial. R. Snowberry Tree, two drachms; Aqua Bullient, eight ounces. Boil a few minutes and strain it. Give one half, and in two hours the rest. Its action upon the kidneys is said to continue for several days. R. Fl. ext. Scillæ (Tilden's), half an ounce; Fl. ext. Opii (Tilden's), two drachms; Ess Cinnamon, two drachms. Mix, and give from a half to a whole teaspoonful twice a day. R. Potass. Nitrate, one ounce; Aqua Pura, one pint. Mix, and drink a wineglassful morning and evening. It is said that this has effected a cure in the space of six weeks. Never having made use of it, I cannot, of course, vouch for its efficacy.

R. Polytrichum Juniperum, one ounce. Infuse in one pint of boiling water, and give one ounce or more every half hour.

These combinations have been but partially tested; but that they contain useful and important agents, can readily be perceived, and I hope a fair trial nay establish their usefulness.



PILLS AND PURGATION.

We think that Boston may claim the distinctive title of being the "Paradise of Pills." It seems as if there never was such an avalanche of purgatives poured out upon any devoted city as Boston has experienced in past time, and which has been continued up to the present. These pills are ushered in by flaming advertisements, and the public gobble them down with the most reckless indifference.

A writer in the *Medical Intelligencer* remarks, that "no class of men exhibit more striking ingenuity than the manufacturers of nostrums," among which, we will add, the pill stands prominent. Their tact, in forcing these vile compounds into the stomachs of the multitude, exceeds the generalship of the most expert military commander. It would seem impossible that people could be found in this intelligent community to be the dupes of these designing pill manufacturers; but, mortifying as the fact is, the city abounds with a multitude of men and women, of apparent intelligence, who run eagerly for the last advertised article. They are always under the influence of the newest secret remedy of that class.

Now, let us turn to science, and see what is to be learned concerning pills, such as are thrown upon the community by unprincipled dabblers in medicine. There is a class of cathartics or purgatives, known as drastic purges, which are such as are violent in their operation. The term violent is not to be confounded with the term hydro-cathartic, or active cathartic, for these are thorough, and produce profuse discharges of a watery character, but are not violent in their action; that is, they do no violence to the mucous membrane of the intestinal canal, nor injure its anatomical structure.

Among the emphatically drastic articles of the *Materia Medica*, well known to physicians, are aloes, scammony, colocynth, gamboge and other gums and medical agents which might be named. Those mentioned enter very largely into the composition of all the prominent pills which are swallowed

with such avidity by the great mass of the community, and produce diseases which bring with them a long and painful repentance. Purgatives of the character described increase the peristaltic motion of the bowels to an unnatural degree, and such unnatural increase must give rise to more or less inflammation.

The too frequent use of powerful purgatives will produce dyspepsia, diarrhoea, piles, prolapsus ani, and other difficulties which might be mentioned. Inflammation is produced, and the professional opinion must coincide with that of Dr. Watson's, who says: "I believe that much harm is often done by pressing the inflamed alimentary canal with active purgatives." There can be but little doubt that, by the repeated and frequent use of drastic pills, the intestinal canal loses its impressibility; the bowels become weakened; and, what is perhaps worse than all, each dose makes way for another.

Persons who use the brain at the expense of the physical system, as well as other sedentary persons who do not use sufficient exercise, are often much troubled with constipation, and the common resort is to pills to overcome it. The physician is not consulted, but they immediately fly to the innumerable varieties of pills advertised to meet that difficulty.

So long as constitutions differ, and idiosyncrasies exist, it will never fall within the province of human intellect to produce a specific, or panacea, to be used indiscriminately by all persons, under all circumstances; and it requires careful study and close observation, on the part of professional men, to discover constitutional peculiarities, and to so adapt their medicines as to meet them.

This universal rush after advertised pills seems to have been somewhat subjected to the caprice of fashion. Now, an analysis of these pills show that conspicuous among their ingredients, stand aloes, colocynth, gamboge, myrrh, guaiacum, jalap, iron and turpentine, all good articles when controlled by the physician, whose knowledge of their medicinal properties, and of the organic functions of the system, enables him to decide when, to whom, and under what circumstances they may, with safety and benefit, be exhibited.

There seems to be a strange infatuation which has seized on the public mind, the impulses of which are followed by those, who, in all charity, should be believed to possess a fair

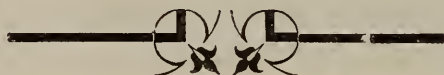
share of intellect. If the delicate works of a watch are deranged, they would not exhibit the folly of carrying it to a blacksmith to get it repaired. If the sensitive strings of their complicated musical instrument are out of tune, and discord is only produced where harmony once prevailed, they do not turn to the shoemaker to have its interior adjusted, and its harmony restored. Such a course of conduct would present such unmistakable ignorance and lack of reason, that a blush of shame could not fail to mantle their cheeks. But the moment that the infinitely more delicate machinery of the human system becomes deranged, they fly to the nostrum vender, and like the new fledged robin in the maternal nest, open their mouths and swallow, without question, whatever is presented to them.

We think we may, with confidence, appeal to the experience of every educated physician in our community to bear us out in the assertion that they, themselves, have personal cognizance of no inconsiderable number of cases of patients ultimately falling under their care, whose constitutions have been greatly injured, and whose cure has been very seriously retarded by a persistent use of such nostrums, prior to submitting themselves to intelligent and appropriate medical treatment.

One fact in reference to patent medicines and secret nostrums deserves a passing notice, and that is, occasionally physicians are found who will place their certificate in the hands of a nostrum vender, commending the medical virtues of some pretended panacea. To find the names of clergymen attached to certificates is quite a common thing; but how sensible and educated men can do so is a mystery which they alone can solve. For the physician there can be no valid excuse. They have been altogether too careless on this point. Sometimes their good nature has led them to yield to the importunities of some acquaintance, who wishes to speculate on the credulity of the public. Oftener they are deceived by false assurances, that their certificate is to be used only to a certain extent, or with certain qualifications. In either case there can be no excuse.

Of one thing there can be but one opinion—in order to render our profession honorable and respected, its practitioners must eschew every species of quackery in themselves, and

discountenance it at all times in others, and let their professional character be so above board, and free from suspicion, that no discredit may be reflected upon what ought to be one of the most sacred and honorable professions to which the human intellect can be devoted.



THE PRESENT STYLE OF BOOTS.

We have ever held to the opinion that no man is truly qualified to manufacture a boot or shoe properly adapted to the necessities of the human foot, until he understands the anatomy of that important part of the human body. It requires but a glance at the structure of the boots provided for female wear, so common among us today, to perceive that they are not only in complete conflict with almost every mechanical law, but are in absolute opposition to the requirements of anatomical structure, and present an insurmountable barrier to all graceful locomotion. In order to walk with ease and comfort, a boot should fit the foot it is true, and at the same time it should give support to those mechanical arrangements supplied by nature. But what can be more ridiculous and inartistic, than to set a foot upon a stilted heel, reducing its size in a pyramidal shape, until that portion which reaches the ground is less in size than a silver half dollar, and expect a woman to walk with any degree of ease or elegance? Nature's intentions are all frustrated. The arch of the foot is thrown out of position;—the broad bearing of the heel is destroyed;—the extreme height of the heel gives the body a

forward pressure at every step, by which the front of the foot is thrown into the fore part of the boot, and the toes become cramped and crowded, and turned under, even to deformity, as we have frequently seen evidence.

When this kind of a boot, so unscientific in its structure, and so anti-anatomical in its arrangement, is put upon the feet of young girls, the matter is made much worse. Their bones, more tender than those of their mothers, are unable to bear so great a strain, and their ankles failing to receive the support that they so much need, become weakened; and many of the school girls to-day exhibit ankles so grown out of shape as to amount almost to deformity. We doubt not that many physicians have been consulted in regard to some of the difficulties that have arisen from wearing such injurious dressing for the feet,—and they may have remonstrated with parents in regard to them, but of what avail is it? That grim tyrant, fashion, has fastened this curse upon our females, and it must remain so until fashion (?) changes it for something perhaps even more injurious, for where is the woman who would array common sense against fashion? The results of wearing this kind of boot, (if the fashion shall continue a little longer,) will be deformed toes, mis-shapen ankles, ingrowing nails, corns, bunions, &c., to say nothing of the effects that may possibly be experienced by some of the reproductive organs, the result of throwing the body out of its natural perpendicularity, and the comparative destruction of the proper bearing of the arch of the foot, designed to support the weight of the body. Much might be added in relation to this subject, but time and space will admit only of these few brief allusions.



TYPHOID FEVER.

At a recent meeting of the Dist. Soc. the subject of Typhoid Fever was brought up for consideration, several gentlemen speaking upon it, and presenting their views in regard to treatment.

Dr. Joseph Jackson said, he should avoid cathartics, and to reduce the fever he should use aconite and gelseminum. He had advised the use of milk freely, and the frequent application of the sponge bath. To reduce the temperature of the body he used quinine with satisfactory results. If the patient was much reduced, stimulate. If the diarrhoea was bad, and there was much flatus, he used injections of warm water, and mucilage of slippery elm. Applications of warm bathing to the head and feet were useful. If hemorrhage existed he used astringent injections: if the tongue was very red and glazed, he gave turpentine: where there was much headache and slight delirium, he used belladonna.

Dr. H. G. Newton's plan was to keep up perspiration; for sinking pulse use hydrastis and salacin; for diarrhoea he employed the chalk mixture. Have had cases recover when subsultus, picking of bed clothes, delirium and stupor were present.

Dr. Gerald, of Hyde Park, described a case of his having all the usual symptoms of typhoid; hemorrhage from the bowels, &c. One patient could not retain wine, or the nourishment given. He administered alternations of brandy, cream, and crust coffee. Patient became comatose and remained so for a considerable time. The stomach retained the last nourishment given. Turpentine stoups were used. In case of glazed tongue have used turpentine in small doses with good effect. This patient recovered.

Dr. Miles, of the Highlands, was of the opinion that the chill of true typhoid is periodic; he thinks there is a typhoid state which is not typhoid fever; it is a specific poison that produces typhoid fever. In his treatment Dr. M. had used quinine; for the diarrhoea leptandrin and sub. nit. of bismuth,

with, under certain circumstances, very small doses of opium. If an astringent is needed he uses the Geranin. Dr. Jackson here remarked that he had used ipecac with good success in the diarrhoea.

Dr. Green, of the Highlands, spoke favorably of the leptandrin, bismuth, and small doses of opium. He always began the supporting system at once, in the commencement of the disease.

Dr. Geddes, of Winchendon, spoke favorably of veratrum and brandy and remarked that they ought to be applied early in the disease; he thought the brandy might have a tendency to destroy the metamorphosis going on in the system.

Dr. Merkel spoke of a case to which he was called. He used quinine subcutaneously, with beef injections by the bowels. His advice was not followed, and he being far from the city the patient passed into other hands, and the disease terminated fatally.

Dr. Bailey expressed the opinion that in the later period of Typhoid brandy gave us better results.

The lateness of the hour now drew to a close a very interesting discussion, in which most of the gentlemen present participated, and of which but an imperfect outline has here been presented.

CHLORATE OF POTASH.—CAUTION.

This article has been very widely recommended, and justly so, for use in diphtheria and diphtheritic sore throats and affections; it has also been recommended for a number of other purposes. A little care should be used in its promiscuous or general use. Hospital practice, as well as close observers in practice, are both agreed upon the fact that a great deal of kidney trouble comes from a promiscuous use of chlorate of potash. As a large proportion of the sufferers from diphtheria or irritated sore throat are children of tender age, and who are peculiarly susceptible to any chemical changes or disarrangements, we should guard, by all means in our power, against giving chlorate of potash too freely or for too long a time without cessation, as the kidneys will become over-worked, and inflammation, which may result in serious disease, ensue.—*Journal of Commerce.*

THE DISTRICT MEDICAL SOCIETY. At a late meeting of the Boston District Eclectic Medical Society, among other subjects that were presented, the subject of Fractures was discussed by several of the members, including also the method of dressing. Drs. Gerald and H. G. Newton spoke of their methods of managing such cases. Dr. C. E. Miles of the Highlands remarked that the discussion of the subject of Fractures reminded him of a somewhat unusual complication in a case of dislocation that recently occurred in one of his patients, and the doctor reported the following case:

C. M., a robust and active lad, twelve years of age, fell from his sled while coasting, on the afternoon of January 15, striking on the left hip, which gave him some pain, and at first difficulty in motion. This however soon passed away, and he walked nearly three miles with his play-fellows. He then put on his skates, but again fell heavily upon his left side. He arose unassisted, and walked a short distance to his home without great difficulty. He went up three flights of stairs to his bed, descended and ascended the next day, and descended the second morning; he also moved about the rooms but with more or less pain and difficulty. I was now called to see him, (about 48 hours after the accident) and found him in some pain, and at once diagnosed the case as a dislocation of the head of the left femur into the thyroid foramen,—the only doubt arising from the fact of the amount of motion performed, and the comparatively small amount of pain endured under the existing circumstances.

Surgical aid was at once called, ether administered, and the dislocation readily reduced: quite an elongation of the limb remaining. This was at first explained from the relaxed condition of the muscles, on account of the long time they had remained tense before the reduction of the dislocation. Days passed on without any marked shortening of the limb, but it was evident that the head of the femur was within the acetabulum. After about two weeks the limb began to shorten, and in four weeks the proper length was restored, and locomotion became perfect,

There can be no doubt that effusion had taken place in the joint, presenting a normal return of the head of the femur until absorption had taken place. Quiet, and a stimulating liniment was the treatment prescribed.

THE DANGER OF DOMESTIC REMEDIES IN THE EAR.

By Prof. Henry Olin, M. D.

Like the cornea of the eye, the membrana tympani is a fibrous, inelastic tissue, and may be greatly injured by the application of the hundred and one remedies that are suggested by the ever-ready-to-do-something persons, and which often prove a great damage to the poor, suffering patient, though applied with good intent and with a view to relief. It is well known that poultices and remedies that have a tendency to maceration of a fibrous structure, when in a state of inflammation, produce softening of the parts, and hasten the ulcerative process and breaking down of the tissue, thereby causing a more destructive disintegration than would be caused otherwise. Now, in view of this fact, I wish to enter my protest against the too general practice of parents and others, of applying remedies to the eye and ear that may, in many cases, produce serious results. For example, we will take a simple case of catarrhal inflammation of the middle ear, which, if properly treated, would pass off in a few days without serious results, but if tampered with, may result in suppuration and destruction of the tympanic membrane. The domestic remedies used in such cases are glycerine, olive oil, laudanum, goose oil, fat pork, boiled onion, poultices of different kinds, steaming, blistering, and, last and least dangerous, blowing tobacco smoke in the ear.

The tympanic membrane being a fibrous tissue, and, in a healthy state, perfectly dry upon its external surface, is soon softened by the application of such remedies, and the suppurative process upon the inside, greatly encouraged, soon yields to the maceration, from the mucus and pus within and the oils, poultices, etc., on the outside, and, after a few days, breaks down and sloughs out, leaving the ear without a protecting membrane to the delicate cavity of the tympanum.

Hardly a day passes but some patient presents himself at my office with a suppurative catarrh of the middle ear, and inquiry generally reveals the fact that the patient has had treatment by the application of some of the remedies above mentioned, with the results before described.

It is time that the profession and the general public should awake to the fact that nothing done is better than something that is actually injurious, and that, no doubt, produces many cases of otorrhœa and chronic inflammation of the mastoid cells, which trouble the patient for years, and result, many times, in caries of the bones.

The physician, applying a poultice to the cornea in case of inflammation, would be deemed guilty of malpractice. Equally guilty is he who would apply a poultice to an ear in case of catarrhal inflammation of the cavity of the tympanum, yet this is done every day, and much harm is the result.

The treatment of such cases should be of such a character that destruction of the part would not be hastened by the remedy, and, if pus forms to such an extent that it does not escape through the Eustachian tube, a paracentesis should be performed at an early date, to allow the pus to escape through the tympanic membrane, thus preventing a breaking-down of that tissue, and immediately arresting the pain, and relieving the patient. To a practiced eye, the time to do this operation will readily be seen, and in many cases it will save from destruction an ear that would otherwise be destroyed by a suppurative process.

Some years ago, while practicing in the country, I was called to see a patient that had been treated for several days for neuralgia, and on making an examination, I found a suppurative inflammation of the tympanic cavity, with the membrane pushing outward, and just ready to give way to the tension from the accumulation of pus within. I immediately performed a paracentesis, and the pain at once subsided, and the patient fell into a sound sleep, the first for several days. The amount of pus that exudes from the drum cavity in such a case is quite astonishing, and immediate relief is its result. —*Chicago Medical Times.*



CONSTIPATION.

“Hall’s Journal of Health” thinks it is doubtful if consumption numbers as many victims as are stricken down by the various diseases that result from habitual constipation. True consumption is an inherited disease. It may remain dormant, but when aroused to action, decay commences at a point circumscribed, and gradually extends—unless arrested—until so much of the lungs becomes involved that vital action ceases. The evils of constipation result from inattention to the calls of nature, and usually commence with children whose habits are not closely looked to by their parents. The processes of nature are always active while life lasts. When effete matter is retained a moment beyond the time its expulsion is demanded, the system commences its efforts to get rid of it. When the natural egress is checked, the absorbents carry the more fluid portions of the poisonous mass into the circulation, and it becomes diffused throughout the body. The more solid or clay-like portion is forced into the rectum, where it becomes firmly impacted, thus cutting off the circulation in the small blood vessels, causing painful engorgements known as piles or hemorrhoids. A continuance of these troubles often results in fissure, fistula, or cancer. The trouble is seldom confined here. As a result of the blood poisoning we almost invariably find more or less dyspepsia, with decided derangement of the functions of the heart, liver and kidneys, accompanied by headache and nervous debility, often veoging on parlysis.—*Scientific American*.



EUCALYPTUS GLOBULUS.

By H. A. Foster, M. D.

This is one of the new remedies that promises to be of great value, and as much is being written about it, it would be impossible to produce anything entirely new on the subject; but adding confirmatory statements and cases tends to increase general confidence in it, as well as to correct exaggerated statements and careless opinions concerning its virtues.

It is probable that the essential oil, eucalyptal, which is also the active principle, being soluble in alcohol, is found in the tincture of the leaves—these containing most of the medicinal properties—and I am of the opinion that, where in many cases physicians have been disappointed with it, extracts have been used that do not contain this principle. I have found in a number of cases where the fluid extract totally failed, that I obtained splendid results from the alcoholic tincture of the leaves.

From what has been written by physicians in nearly all parts of the globe, there seems to be no doubt that the presence of the tree entirely destroys the poison producing malarial fever, thereby rendering districts populous which, in consequence of the miasm, would otherwise be uninhabitable. It has been suggested that it is in consequence of the tree and roots absorbing large quantities of water, and the charging the air and water with the essential oil, that decomposition and putrid fermentations are prevented. It has been found that the stagnant water into which the leaves of eucalyptus have fallen does not cause fever. In the internal administration of eucalyptus as a remedy for malarial fever, we do not have one of uniform and universal application; still, it compares favorably with other remedies in general use. If I had written this article after the first six months' experience in its use, I might have said that it absolutely cured all forms and conditions of active malarial poison, for it did so in every instance in scores of cases and in all forms, from simple inter-

mittent to "dumb ague," and in several cases by a single dose. So uniform was its action that I felt confident we had at last one unfailing remedy, but since the first year I have failed in many instances with the same preparation—the tincture.

Hence it seems to me that it partakes of the nature of other remedies in respect to particular seasons and localities for its better action. Eucalyptus, however, has acted promptly when quinine has failed. I first employed it in a case of masked intermittent, in which the poison had had pretty much its own way for three months, and in which quinine and arsenic only produce temporary mitigation, while gelseminum, nux. vom., ipecac, and nitric acid seemed powerless to touch the slightest symptoms, and where the first dose of eucalyptus wrought an entire change. The remedy was taken at the time of the chill, and the fever did not follow. The patient soon recovered her strength, and has since had no return of ague symptoms—now over three years. This is contrary to the opinion of some that it has no effect on chronic forms of malarial fever.

Eucalyptus is also recommended in all catarrhal affections of the air passages, from the common coryza to chronic bronchitis, and of the alimentary canal, ulcers in the stomach, chronic diarrhoea, and in the diseases of the urinary tract, such as inflammation and irritation of the bladder, gonorrhoea and gleet. I have found it of special benefit in irritable bladder. One case that lately came to me from Fountain county, Indiana, in which belladonna and camphor relieved her perfectly, while in this city, but on her return home the irritability came on with double force, eucalyptus gave immediate relief. She being a very intelligent lady, I will copy a portion of her letter, dated Dec. 4th, 1880:

"I am quite free from distress and able to work the early part of the day, but about three in the afternoon the "ache" begins; there is a constant desire to pass water and a strained, protruding feeling at the neck of the bladder; then follows a fearful itching, scalding, aching sensation, which well nigh drives me frantic.

After a time of suffering, which is exhausting, the distress subsides. I eat heartily, but so bruised and beaten do I feel that I can only take the edge of a chair for rest. I have such


a time, also, every night, being obliged to get up every few minutes to pass a few drops of water, and the passage is often agonizing. There seems to be about the same quantity, though at times it is strong and high-colored."

We have here pure irritability, and half-drachm doses of fluid ext. of eucalyptus quickly controlled the trouble, as she states in a letter dated Dec. 22d:

"I have found out the benefits of eucalyptus in my case. Its relief came most opportunely, for I don't know how I could much longer have endured the terrible strain of the bladder difficulty, and I am so happy to find a balm for that," etc.

I have obtained good results, also, in several cases of incontinence of urine, and in some cases of gonorrhœa I consider it superior to capaivia and the oil of sandal wood. It seems to relieve the pain and scalding more promptly, and reduce the discharge sooner than they.

I have seen good results in chronic bronchitis from its use. I usually use the fluid extract for urinary troubles, and the tincture for malarial fevers and bronchitis. Dose of each, about half a drachm.—*Phys. & Surg. Inv.*



MISCELLANY.

MASS. HOMŒOPATHIC HOSPITAL FOR THE INSANE. The necessities for such an Institution are ably set forth, and intelligently discussed in an article from the pen of Samuel Worcester, M. D., of Salem, Mass., published in the February number of the New England Medical Gazette. Any measures that look to a more humane treatment of the insane, we certainly hail with delight, and we are satisfied that the present system of management pertaining to asylums, and the treatment of the unfortunate inmates, must experience a decided change. Some of the recent developments concerning the "true inwardness" of some of our asylums with their treatment of patients, have awakened a feeling in the public mind that will not slumber, until a reform is accomplished, and we have institutions in which the community have confidence. Dr. Worcester, as his article would seem to indicate, appears in earnest in the matter, his statistics set forth facts of great importance to the general public. A reform is unquestionably called for, and a reform the public will most certainly insist upon; and we bid our brethren "God speed" in their worthy enterprise.

INUNCTION OF CASTOR OIL AS A PURGATIVE. The Louisville Medical News credits the British Medical Journal with the following practical suggestion of R. H. Hilliard, M. D. "I have frequently applied castor oil to the abdomen under spongio-piline or other waterproof material, in cases where the usual way of administering by the mouth seemed undesirable, and with the happiest results. Within the last few days, in a case of typhoid fever, I applied half an ounce of castor oil in this manner, under a hot water fomentation, which relieved the constipation and tympanitic distension which had been present, without undue purging or irritation of the bowels."—*Chicago Medical Times*.

SEDATIVES FOR CHILDREN. The Popular Science Monthly not long since issued this warning on the important matter of using sedatives for little ones. One of the greatest dangers attending the use of the various sedatives now so universally employed in the nursery is that they tend to produce the opium habit. These quack medicines owe their soothing and quieting effects to the action of opium, and the infant is by them given a morbid appetite for narcotic stimulants. The offering for sale of such nostrums should be prohibited, as tending to the physical and moral deterioration of the race. In India mothers give to their infants sugar pills containing opium, and the result is a languid, sensual race of hopeless debauchees. In the United States the poisonous dose is administered under another name, but the consequence will will probably be the same.

ILLIBERALITY IN MEDICAL PRACTICE. Few have to learn that the liberal profession is more notorious for illiberality than the lowest trade. The general practitioner of merit is sure to meet with the most illiberal and often rancorous opposition from partially educated physicians, who, in order to obtain their honorable (?) ends, will even assail his moral character. When a practitioner meets with opposition from such a quarter, it is a decisive proof that he possesses superior merit. To a man of common sense, or one capable of reflection, it must appear obvious that such opposition arises from the meanest of all motives,—jealousy, avarice. The man of little, or no merit, whose talents are below mediocrity, will, on the contrary, meet with their support.—*London Gazette of Health.*

EXERCISE. It is impossible to enjoy health unless the body has its due amount of exercise. Proper exercise expands the chest, quickens the circulation, contracts and relaxes the muscles, and stirs the whole organization into life and animation. It should be taken regularly; not a good deal to-day and none tomorrow. Walking is the most useful exercise. A walk every day in the open air is of great benefit to a person's health. It should not be taken immediately after meals, but at the time when it does the most good. For most persons the morning hours are the most favorable.

VACCINATION. The following purports to have been copied from a German Medical Journal. One physician says he vaccinated eight soldiers with vaccine lymph from a foundling hospital. In the other six, in whom the vaccine pustule became quickly developed, there occurred chill within twenty-four hours, followed by high fever, weakness, and delirium. Two to four days after vaccination, phlegmanous inflammation of the upper arm appeared, in some on one arm, in others on both, which after a few days became gangrenous. Two patients were cured, and four died. From the same source nine vials were filled with vaccine virus, the use of which caused the effect.

FOREIGN BODIES IN THE STOMACH. Mr. S., aged 45, residing at Black Rock, for a period of six months had complained of gastric pain with nausea, and other symptoms of indigestion; he presented the appearance of one suffering with scirrhus of the stomach, or aggravated dyspepsia. He failed to obtain relief, after consulting several physicians, and died suddenly.

At the autopsy in the presence of Drs. L. P. Dayton, Tobie and Beaman, the stomach was removed. It contained a tumblerful of prune pits; the pyloric orifice was so far occluded by the induration of the surrounding tissues that it admitted only the passage of a small catheter. About three inches from the pyloric orifice the stomach was perforated — Dr. Chas. L. Dayton, in *Buffalo Medical and Surgical Journal*, December 1880.

ACONITE IN HEADACHE. Dr. Fothergill recommends the use of aconite in congestive headaches, attended with great coldness of the hands and feet. The remedy dilates the peripheral blood-vessels, and so relieves the congested cerebral vessels.—*British Medical Journal*.

HYPODERMIC INJECTIONS. Dr. Lafitte has employed sub-cutaneous injections of pure water in a great variety of diseases attended with pain. He has obtained as much success in the relief of this latter element as when he employed injections of morphine, and attributes it to the compression of the terminal nervous filament by the injected water.—*Le Mouvement Medical*.

THE HYPOPHOSPHITES. According to Dr. Churchill, of England, the hypophosphites are specific in phthisis, and many other diseases of debility; and the numerous cases of successful treatment with them, published by him, seem to go far towards justifying his statements. At all events, they are held in high esteem by many of our best practitioners.

INDIAN HEMP. In a case of delirium tremens, it is reported that twenty minims of the tincture of Indian hemp was given every four hours. After the third dose the patient fell into a deep sleep which lasted about four hours. The use of opium in this case was inadmissable.

DIABETES. Dr. John Day records a case of diabetes which had resisted all ordinary treatment for three years, which rapidly yielded under the influence of the ethereal solution of the peroxide of hydrogen, given in half drachm doses mixed in an ounce of pure water, three times a day.

CONSUMPTION. In this disease a medical friend suggests that he has found benefit in rubbing into the chest, back and ribs, daily as much lard as can be absorbed in a half hours' application. A celebrated European physician, in this same disease recommends twenty drops of spirits of turpentine, taken on sugar three times a day.

COFFEE. Dr. Barber affirms that ground coffee possesses remarkable properties as a disinfectant. In several cases where he had to make post mortem examinations of bodies under very disagreeable circumstances, he found that a handful of coffee strewn over the body, and about the room, quite overcame any bad odor.

FROZEN LIMBS. It is authoritively reported that raw cotton and castor oil have restored frost-bitten limbs when amputation was thought necessary to save life.

COD LIVER OIL This agent was recommended as a remedy for chronic rheumatism by Dr. Percival in 1782, and for diseases of the lungs about 1838.

CORNS. A French medical journal reports the cure of the most refractory corns by the morning and evening applications with a brush, of a drop of a solution of Perchloride of Iron. It states that after a fortnight's continued application, without pain, a patient who had suffered martyrdom for nearly forty years from a most painful corn on the inner side of each little toe was entirely relieved: pressure was no longer painful, and the cure seemed to be radical. Other and similar cases are reported as equally successful under the same treatment.

INCOMPATIBLES. It has been affirmed that Veratrum and Quinine are incompatible; and Dr. Bradley of Ohio, through the Medical and Surgical Reporter, says, when a patient is under the influence of veratrum it is highly dangerous to administer quinine. There is an immediate sinking and irregularity of the pulse, which in some cases reaches collapse.

HEMORRHAGE. A full dose (20 drops) of Tinct. Cannabis Indicus, after delivery, in nearly every instance checks the flow in a few minutes. It also has the power of controlling inordinate menstruation in a marked degree.—*British Med. Journal.*

NOCTURNAL EMESIS. In L'Imparciale Dr. Aldemolo relates four cases which were completely cured by chloral hydrate. It may be given at first in doses of seven or eight grains at night, gradually increasing the dose to twelve grains.—*American Practitioner.*

MEASLES. Sulphur and white sugar, equal parts, is recommended by a French physician, to be administered in half teaspoonful doses, for the convulsive cough preceding the measles.

SCROFULA. A handful of Speedwell, the dried plant, made into a decoction by adding boiling water, and given four or five times a day, in teacupful doses, is said to have worked wonderfully, in some cases.

BED SORES. We have found this treatment good for sores caused by lying in bed. Wash them with diluted tincture of arnica; or dissolve fifteen grains of sulphate of Zinc in an ounce of water, and apply, and afterwards dress them with mild zinc ointment.

BERI-BERI. Beri-beri is a constitutional disease of an infectious nature, whose etiology is unknown; assuming a mixed condition of paralysis and œdema, characterized by dyspnœa; disorder of the organs of digestion, of respiration, and of circulation.—*Southern Medical Record*.

MUSCULAR POWER. It has been pretty correctly ascertained that in man, muscular power increases up to the age of 40 and 54 years; after that period it gradually diminishes its power.

CHLOROFORM. Dr. Barclay of Leicester, Eng., esteems chloroform an admirable solvent of biliary calculi. He gives it in doses of two or three drops, three or four times a day.—*Dublin Medical Press*.

OIL OF SANDAL. Dr. Parle, of Stanmore, Eng., states that after twelve years experience with the oil of yellow sandal wood, he is convinced that it is the safest and most reliable drug we possess for the cure of blennorrhagia. He administers five minim doses every four hours.—*Practitioner*.

BROMIDE OF AMMONIA. The Canadian Medical Journal says that Dr. Gibb of London, recommends the use of Bromide of Ammonia for excess of fat. When taken in small doses it will absorb fat and diminish the weight of the body with greater certainty than any other known remedy.



GLYCERINE IN GASTRIC FLATULENCE, ACIDITY AND PYROSIS. Glycerine does not prevent the digestive action of pepsin and hydrochloric acid ; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. One or two drachms may be taken either before, with, or immediately after food ; in water, coffee, tea, or lemon and soda water. In tea and coffee, it may replace sugar, a substance which greatly favors flatulence. as, indeed, does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight. Drs. Sydney Ringer and Morrell.—*Kings Co. Proceedings*, Dec. '80.

PARTIAL DEAFNESS CURED BY AN ATTACK OF TYPHOID FEVER. Dr. E. F. Wells, in the Dec. number *Cin. Lancet and Clinic*. gives the case of a farmer, partially deaf from birth, who “passed through a severe attack of typhoid fever, with cerebral symptoms—delirium and tendency to coma—during which his hearing was even less acute than usual. With convalescence, however, his hearing has so much improved that it may now be said to be normal.”

THE MARRIAGE AGE IN DIFFERENT COUNTRIES. Austria, 14 years for both sexes ; Germany, the man at 18, the woman at 14 ; Belgium, the man at 18, the woman at 15 ; Spain, the man at 14, the woman at 12 ; France, the man at 18, the woman at 15 ; Greece, the man at 14, the woman at 12 ; Hungary—Catholics, the man at 14, the woman at 12 ; Protestants, the man at 18, the woman at 15 ; Portugal, the man at 14, the woman at 12 ; Russia, the man at 18, the woman at 16 ; Saxony, the man at 18, the woman at 16 ; Switzerland, the man at 14, the woman at 12 ; Turkey, at puberty?—*Journal de Medicine de Bordeaux*. — *Virginia Medical Monthly*.

EAR-ACHE. Dr. James Moyer recommends, to cure ear-ache in children, the following : Fill the bowl of a common clay pipe with cotton wool, upon which he drops a few drops of chloroform, and inserts the stem carefully into the internal canal, and adjusting his lips to the bowl, blows through the pipe, forcing the chloroform vapor upon the tympanum.—*Boston Journal of Chemistry*.

CEREBRAL HEMORRHAGE. The Journal de Pesth says that Dr. Foster, encouraged by the success attending the use of ergot in general hemorrhage, employed it (sub-cutaneously,) in three cases of apoplexy with the result of dissipating the coma, rendering deglutition possible, and gradually restoring to the normal condition. *A priori* we would naturally consider ergot an efficient remedy in these cases of cerebral hemorrhage.—*N. Y. Med. Gazette.*

PILOCARPINE. A German journal says, in a year and a half Dr. Guttman treated eighty-one cases of diphtheria by pilocarpine without losing a single case. Recovery in mild cases taking place in from one to three days, in the very grave cases from nine to eleven days. He administered the alkaloid internally with pepsine dissolved in chlorhydric acid and water which controlled intestinal catarrh, and dissolved the membrane characteristic of the disease.—*N. Y. Med. Gazette.*

JAUNDICE. Dr. Anstie resorts to Ammonii Chloridum, in twenty grain doses, to restore the biliary secretions when suppressed by a powerful nervous shock or mental perturbation. In his opinion it is one of the most reliable and powerful of all biliary functional restoratives. Benzoicum Acidum has recently achieved a reputation as a valuable remedy in jaundicæ due to suppression of the biliary secretions.—*Journal of Materia Medica.*

FOR BURNS. The Canadian Journal of Medical Science recommends the following dressing for burns: Iodoform, one drachm; Spermaceti, one ounce; Extract Conium, two scruples, and Carbolic Acid, ten drops. Spread on soft material and cover the burnt parts.—*Journal of Materia Medica.*

ASTHMA. Dr. C. R. Wilson, of Kentucky, recommends the following in that disease: Atropæ Sulph., one grain; Potass Brom., two ounces; Aquæ, one pint. Of this mixture give a teaspoonful three times a day and one at bed time if necessary.—*Medical Brief.*

MEMORANDA.

1651. Dr. Walter Harris, born in England.
1652. Dr. Francis Citesius died in France, aged 80 years.
1654. Dr. Nicholas Culpepper, Botanist, died in England.
1655. The plague prevailed in Europe.
- “ Dr. Thomas Mayerne died in Switzerland, aged 72 years.
1656. The plague prevailed in Naples, Italy.
1657. Dr. William Harvey died in England, aged 79 years.
1659. Inflammatory sore throat prevailed in New England.
1663. A malignant disease destroyed 60,000 in the Venetian territories.
- “ Dr. Comfort Starr died in Boston, Mass.
1666. The small pox was prevalent in Boston, Mass.
1667. Epidemics prevailed in various parts of Europe.
1668. A fatal epidemic prevailed in New York.
1669. Dr. George Bate died in England, aged 61 years.
1673. Dr. Thomas Willis died in England, aged 52 years.
1674. Dr. Nicholas Tulp died in Holland, aged 81 years.
1676. Dr. John Clark died in Rhode Island.
1677. Dr. Francis Glisson died in England, aged 80 years.
1678. The small pox prevailed in Boston, Mass.
- “ Dr. Matthew Fuller died in Barnstable, Mass.
1679. The plague raged in Vienna, Austria.
- “ Dr. John Mayow died in London.
1680. Dr. John Cranston died in Rhode Island, aged 55 years.
- “ Dr. Thomas Bartholine died in Denmark, aged 64 years.
- “ Dr. John Swammerdam died in Holland, aged 43 years.
- “ Dr. S. Seabury died in Plymouth, Mass.

EDITORIAL NOTES.

OUR ADVERTISERS. Those who carefully read the advertisements contained in the JOURNAL, will perceive that they are reliable, first-class establishments, whose goods will be found to answer fully the expectations of purchasers.

F. M. HOLMES FURNITURE Co., 107 Washington St., Boston, Mass., while they manufacture all kinds of furniture, have a specialty in the form of "Holmes' Patent Reclining Chair." It is adapted to both sickness and health, for while it is an absolute necessity for the sick, it is most emphatically a luxury in health. All who have used the Holmes Chair speak of it in the highest terms.

THE "FAIRBANKS' ROCK CORDIALS" are among the medical necessities, and their use is recommended by physicians and others. These Cordials are prepared by Fisher & Fairbanks, Nos. 18 Devonshire and 24 Exchange Sts., Boston, and are put up with great care, and are sold by them, and also by wholesale druggists and grocers. As these kinds of cordials are greatly in use in cases of consumption and lung diseases, it is proper to secure the best, and all the preparations put forth by this house are warranted strictly pure. Their name will be found upon every bottle they send out, and their signature will be evidence that the article is genuine. Persons who find it necessary to make a medicinal use of other liquors will receive pure articles from this firm.

THEODORE METCALF & Co. This old firm of Chemists and Pharmacists, (established in 1837,) may still be found at their popular store, No. 39 Tremont St., Boston. Not only do they deal in all the ordinary medical agents found in a well appointed drug store, but they are also importers of and dealers in fine chemicals, and the various new remedies. Among their specialties will be found "Mellins' Food," "Burnett's Cod Liver Oil," and "Metcalf's Laxative," for habitual con-

stipation. The products of their laboratory, consisting of Fluid Extracts, Syrups, Elixirs, and all the new preparations, are of the first quality and in every respect reliable. This firm give prompt attention to all orders either by mail or telegraph.

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instrument that is not burdensome, but easy and effectual. Dr. Lubin's truss is especially recommended because it is light, efficient, and possesses peculiar advantages. We have heard the instrument spoken of very highly, and we would advise any one suffering from hernia to call on Dr. Lubin, at No. 1 Tremont Temple, Tremont St., Boston, and have a truss applied that is properly adapted to the rupture.



BOOK NOTICES.

We have received from G. H. Merkel, M. D., Boston, Mass., three pamphlets entitled "Microscopy in Medical Practice,"—"Fibroid Tumors of the Uterus and Ovaries,"—and "Colchicine, Employed Sub-Cutaneously in Rheumatic Affections," the last two of which are re-prints from the Mass. Eclectic Medical Journal. These essays discuss very important subjects, and are spoken of very highly by every medical gentlemen who has read them. We would recommend them to the attention of the profession generally, as they will be found to be not only instructive, but exceedingly interesting. They can probably be procured of Dr. Merkel, at No. 322 Shawmut Avenue, Boston.

We have also received the annual address delivered before the National Eclectic Medical Association at Chicago, Ill., by Milbrey Green, M. D., of Boston Highlands, and the annual address before the Mass. Eclectic Medical Society, by the same gentleman. Both these addresses are upon subjects well studied, are presented in a clear and concise manner, and contain such valuable information as commends them to the careful perusal of every medical reader.

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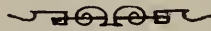
THE PHYSICIANS AND SURGEON'S INVESTIGATOR, Buffalo, N. Y; with such an editorial staff as this publication boasts, we could hardly fail of getting a most satisfactory Journal, which it certainly is.

THE MEDICAL BRIEF, published at St. Louis, Mo., gives us a set of articles worthy of a careful reading. They are "brief" and to the point, and Dr. Lawrence understands the art of applying the condenser.

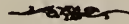
THE CHICAGO MEDICAL TIMES, edited by Prof. Wilson H. Davis, M. D., of Bennett Medical College, is a live, spicy Journal, having a set of able correspondents, and well filled with an agreeable as well as useful amount of medical and surgical matter.

THE HARVARD REGISTER. We have received a copy of this publication, edited and published by Moses King, Esq. It is particularly interesting as it contains much valuable information concerning "Old Harvard" and many of her graduates.

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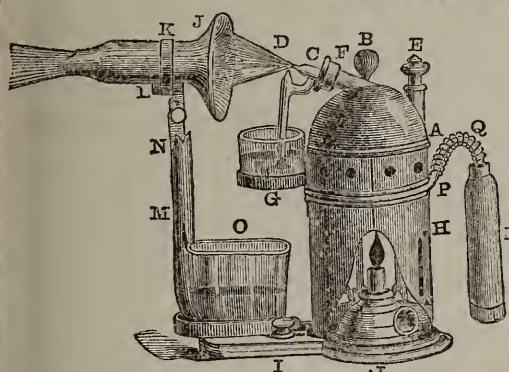
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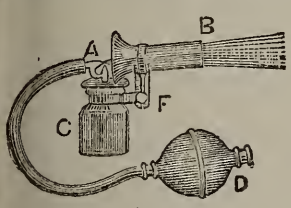


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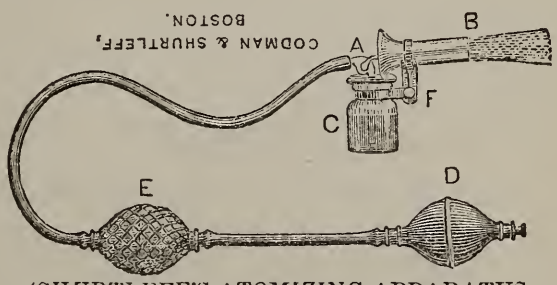
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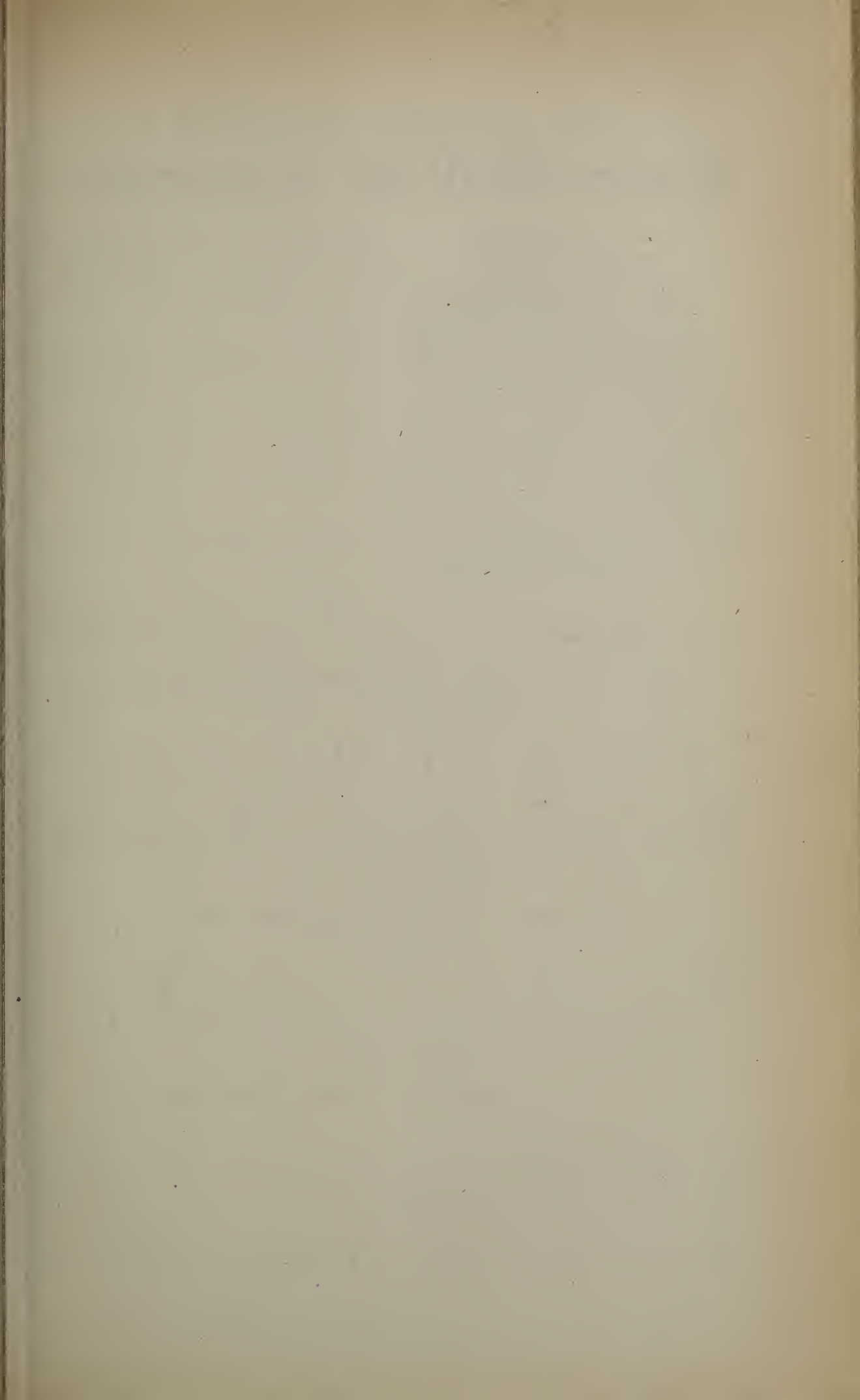
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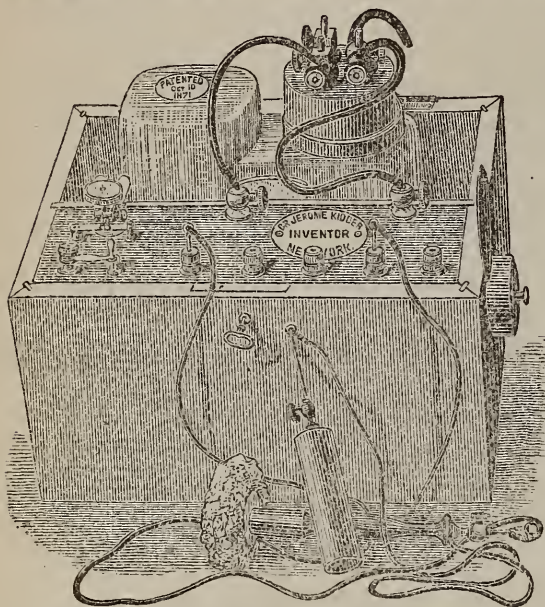
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H. G. BARROWS, M. D.,

(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY,)

EDITOR.

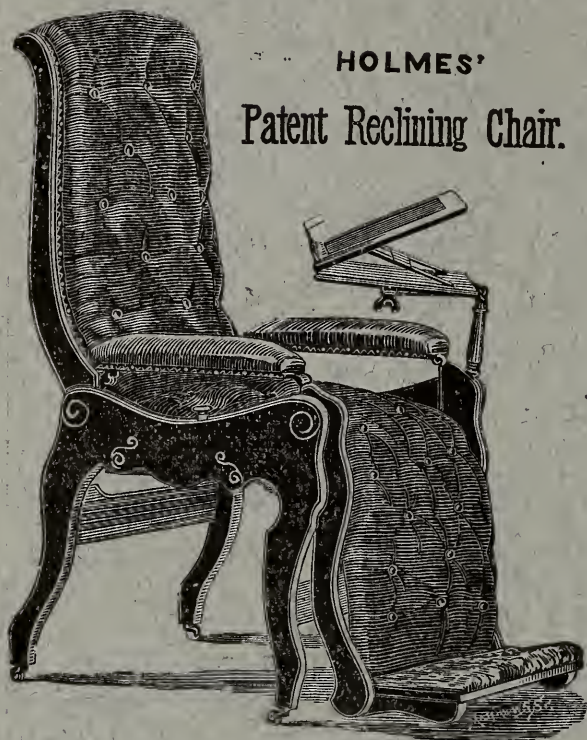
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No. 5.

THOUGHTS ON PHYSIOLOGICAL AND HYGIENIC INSTRUCTION OF PATIENTS.

[PRESENTED AT THE NATIONAL EC. MED. ASSOCIATION AT CHICAGO, ILL.]

By C. E. Miles, M. D., Boston, Mass.

The time has gone by when the office of the physician is thought to consist solely in aiding nature in her effort to achieve a triumph over the actual attacks of disease. The present expects of him so to instruct those under his professional watch and care that they shall in a great degree escape its assaults. It is not entirely by the administration of drugs that the thoughtful expect or choose to be relieved of their mental or physical maladies; but they hope to be so directed, in many instances, that nature shall be enabled to rally her powers, and health become restored without resorting to the more active forms of medication; and, if we mistake not, all indications for the future point in the same direction.

Hence the demand and the necessity that the medical profession fully consider, in all their bearings, those topics pertaining to preventive medicine, hygiene, and sanitary laws, and that they impart to the community the results of their investigations, thereby lessening the ills and enhancing the value of human life.

It shall be the purpose of this paper, as assigned, to discuss the importance of Physiological and Hygienic Instruction of Patients. At a time like the present it will be im-

possible to give a broad range to the subject, or to more than hint at the topics considered. We shall, therefore, confine our attention chiefly to certain instructions in regard to the air we breathe, the food we eat, our drinks, the clothing we wear, the Tobacco habit, Sexual Physiology and Hygiene, and the laws of Labor and Rest.

One of the elements absolutely essential to human life, is the air we breathe. Perfect health cannot be maintained for a moment except in a pure atmosphere, however favorable all other conditions may be ; although it is possible that existence may be prolonged, so tenacious is the body to life, even when it is in a most vitiated state. Partly because of this resistance of the body, and partly because of the lack of knowledge, the masses to a great extent live in an atmosphere pregnant with the germs of disease and death. The important facts relating to the elements of pure air ; the quantity consumed by the individual, and the purposes it serves in the vital economy ; the vitiation to which it is liable ; the method by which it occurs, and the results which follow, are but little understood by the community, and in too many instances practically ignored by the profession.

Let the community fully comprehend that the oxygen in the air is nature's great disinfectant ; that the blood is the carrier of the larger part of the waste material of the body, and that the average adult presents nine pounds of this fluid every minute to be purified by the air we breathe ; that without this process the most virulent poisons are retained in the system, and we have gone far to lead men to be interested for themselves, and to cultivate a sentiment that will compel the enactment of sanitary laws and their execution.

When the general attention shall be awakened, and the importance of this question clearly presented, the whole subject involved in this matter of pure air, as ventilation, drainage, cleanliness and disinfection, will become a matter of anxious interest to the public. But now the average individual, family, town, and city, fail to take due thought and care in this most important matter except as aroused to it by the medical profession. Line upon line and precept upon precept are not more necessary in morals than they are in regard to the commonest facts pertaining to the health and physical habits of a community ; so thoughtless and neglectful are men

of the physiological and hygienic conditions of their being.

The attempt to practice medicine without keeping this whole subject in view, indicates either gross ignorance or indifference on the part of the physician. To treat a patient immersed in a noxious atmosphere and expect favorable results is preposterous. To permit a patient to live under such conditions unwarned is the height of selfishness. A single illustration gives point to this subject: a prominent merchant suggested to a friend that he had suffered and been drugged for twenty years for a violent morning headache that had never been relieved. He was advised to leave all drugs alone and to sleep with his chamber window lowered four inches. He had no occasion for further drugging. Hygienic law obeyed prevented pain and rendered medication needless.

Without food we die as well as without air; but as a feeble existence may be continued for a period in a noxious atmosphere, so an enfeebled body can for a time be maintained when imperfectly nourished. But wholesome food in proper quantities is as essential as pure air to the maintenance of health. On this point the demand for both physiological and hygienic instruction on the part of the profession as a means of the preservation of health and cure of disease is everywhere and always apparent.

The period of infancy is largely vegetative, and is designed chiefly for the growth of the body. In proportion as it is properly or badly nourished, so will be its future development. As the twig is bent so the tree will grow is no more true than that the human body will be fashioned in accordance with the methods of training it shall receive. In times that are now quite remote the mothers generally nourished their children, and less attention was given to the subject of infantile feeding than is demanded in our own time. Now, with the birth of the child, the question arises as to what it shall eat; and in answer to it, there is too often a fearful barrier placed to the infant's existence; or if not absolutely to existence, it is to all comfort or healthful development. And it is a patent fact that multitudes in infant life, that cannot be numbered, are annually swept from the earth from improper diet and faulty methods of feeding.

It is not the province of this paper to suggest the proper diets for infancy, nor the times and methods of feeding them;

but rather to present the duty and the necessity of the profession to be informed on these subjects, and that they properly teach those who come under their charge in regard to these matters. But we cannot forbear the remark that no course of procedure can be less scientific than to prescribe tonics, pepsins, alkalies and tincture Rhei when the cause of the infantile disease had its rise in an improper diet, whatever it may be, unless that be first corrected. Then, indeed, in most instances, all need for medicine will have ceased.

Every physician is aware that chronic diseases, a very large proportion of them, have their rise, their progress, and fatality in a faulty nutrition. This occurs too frequently, not from necessity, but on account of the ignorance of the masses, or their failure to obey the dietetic laws. Too little food, too much food, too many kinds of food, improper food, badly-prepared food, and so on, have their part in laying the foundation of functional and structural diseases innumerable. The attacks of acute disease arising from the same cause are the commonest occurrences.

Prevention of disease in these instances will largely come by the constant instruction and advice of the profession in this direction. The cure of disease thus induced will never be accomplished by medication alone. As a rule the sufferer will not object to the doses prescribed, and the physician will usually have at hand the "best known remedial agent" for the difficulty, and with a flourish will proscribe for his patient; but far too often will he forget to lay before him the diets, and methods of preparing and taking them, that are absolutely essential to his recovery.

The endless question: "What shall we drink?" must also be met by the physician; to answer which will often tax his skill, good judgment and conscience. The physiological and hygienic bearings involved are often of the greatest importance to the patron in health and the patient in disease, and frequently to the physical, social and moral well-being of society.

Those drinks which are simply nutritious are not to be taken inordinately in health even, and much less in disease. It is well known that nature's most abundant and delicious drink may be abused to the extent of fatal results; and when administered as a therapeutic agent, as great care and skill is

often requisite as in the use of the more heroic remedies, so called.

It is, however, in regard to the physiological value of the alcoholic stimulants as a beverage, and as remedial agents, that the physician will most frequently be called on to advise his patients and the public. In no other direction is the possibility of his advice and instruction of greater importance to them; and on this point, too, the most diverse opinions are held by those equally eminent in the profession. That opinions so diametrically opposite should obtain is no more marvellous than that in regard to the use of various foods and other drinks and medicinal agents.

But in those instances where there is no question in the mind of the practitioner as to the utility, primarily, of the use of the alcoholic stimulants as a beverage or remedially for the sick, much conscientious care and good judgment must be exercised in recommending them, lest ulterior results may follow that will prove ill to those proposed to be benefitted. Temerity, prejudice and false sentimentalism should be put aside by the true physician, and courage, cool judgment and well-defined opinions and conscientious motives should inspire him and guide his movements; calmly leaving final results, as often he must, to that favorable termination which will reasonably occur in the nature of things.

We utterly disagree with those who decline to prescribe the narcotics because their use has been abused, or to prescribe the alcoholic stimulants, because, forsooth, some have taken them inordinately, and others have thereby made themselves beastly or demoniac. Yet we must earnestly protest against their unnecessary use, and insist upon great caution on the part of the profession in recommending them. And never is the physician more derelict to his fellow and his God, than when from timidity, love of gain, or moral obtuseness, he omits to withhold them in case of doubtful propriety, or to warn and instruct those in his charge who suffer from their abuse.

Another consideration touching the preservation of health and restoration from disease, is the manner in which the body is clothed, and the quality and quantity of the clothing worn. The physician is often forced from neglect in these particulars, to witness the impotence of his efforts either to conserve health or to remove the disease he combats.

From the hour of birth, when the swaddling-band is made to obstruct the abdominal viscera, until the body is unclothed in death, too frequently the covering that should protect and give it comfort, limits its movements, distorts its form, and is a burden to the wearer on the one hand; or on the other, the lack of proper clothing leaves the head, chest, arms, legs or feet, and sometimes all of these parts exposed to the chilling atmosphere or burning sun, as if every means of Providence given for succor must be thwarted by human perversity. Fashion invites, and vanity compels, the greatest absurdities in dress, regardless of ease, propriety, or health, and their victims are often too willing subjects to these behests. Ignorance of the laws that govern in dress may be pleaded as an excuse for such violations; but it by no means prevents the consequences that naturally follow them, and it is the bounden duty of the physician to instruct his patrons in these things. The wafer-like, shoe, the cone-like heel, the weighty dress hanging on the waist, the bared arm and the exposed chest have needlessly multiplied the pangs of female life. Indeed, if women were to dress judiciously, and the crime of abortion cease entirely, the work of the gynæcologist would be at an end in the next generation.

The importance of the color and texture of the clothing in various temperatures as a protection against heat or cold is not properly estimated. The two early putting-on of thin clothing on approaching warmth, and the resort to heavy clothing at the first approach of a lower temperature, are common errors. The neglect to increase the clothing of the aged is a frequent source of illness with them. Care and intelligence on the part of the physician in these matters many times preserves his patron from sickness. When disease invades the system they often do more than medicine to restore the depressed forces. In the treatment of many deformities, and especially the diseases of the female genital organs, to neglect the fullest physiological and hygienic means and instructions pertaining to dress, indicates lack of knowledge and conscientious care that is essential to success in any reasonable degree.

Prominent among the few topics that should be briefly attended to before closing this paper, and which call for the faithful instructions and warnings of the profession, is the tobacco habit, in its various forms, in this country. The per-

nicious effects of this habit on men, at every period of life, are startling and enormous. Year by year, and generation on generation, they are becoming more and more conspicuous, until at the present period, it is hardly too much to say that as a cause of physical and mental disease, it is quite equal to the abuse of the alcoholic stimulants. Multitudes of prematurely old-looking, tremulous, lank, depressed and anæmic youths, suffering from functional disease of the heart and some from organic forms, victims of tobacco narcotism, are met with in every city and populous town and in the hamlets of the rural districts. Nor are these alone to be the sufferers; but their children and their children's children, are to bear in them the evil transmitted by these shattered constitutions. Mature years, and age, too, are burdened from the same abuse. The daily rounds of the practitioner hardly fail to bring him in contact with the frame that was once vigorous, the nerves beforetime unmoved by the ordinary struggle of life, or the intellect, formerly brilliant, that has been, in a degree shocked if not shattered by this form of narcotism.

No plea need here be made as to the course of duty for the physician in these cases; neither need it be said that to proceed to medication without proper instructions in regard to the cause of the disease, and the necessity for abstinence from it must be fruitless of good results. The duty of the faithful physician to those for whose future health he is in a measure responsible, who are falling victims to this habit, is self-evident and cannot be shunned, and he remain a true disciple of his calling.

Within this range of topics the importance of a knowledge of the laws relating to Sexual Physiology and Hygiene should not be overlooked; for on their observance largely depend the health and well-being of the family and society. From ignorance of these laws and their consequent abuse human suffering is enormously increased. The women of our country in immense numbers are invalided, and the crowning excellence and happiness of many homes blasted. In the marital relation, examples of this evil everywhere abound, until it would appear that multitudes esteem marriage more as a legalized form for indulging the passions than the divine method for ennobling the affections and continuing the race. The principle is lost out of sight, if ever understood, that the gratification of

the normal appetites, misdirected, becomes a degradation and lustful. A like ignorance exists, too, as to the danger to the health and the life of the mother in pre-natal infanticide, and in regard to the moral turpitude of the act : so that the medical man is approached for such purposes by those who are otherwise prudent, cultivated and estimable women.

The confidential and intimate relation which the physician holds to the families in every community, enables him to impart instruction of the utmost value to the erring, and to those ignorant of facts of vital importance to their own well-being, as well as to those to whom they shall give life. Failing to perform such duties to those whose tendencies and maladies call for his professional attention, the larger and more important part of his service due to them is left undone.

Finally, great responsibility is laid on the physician having the care and the confidence of his fellows in the matter of correctly instructing them in the laws pertaining to labor and rest as a means of preserving health and restoration from disease.

In infancy the necessity for rest is apparent ; and the want of it is as detrimental to health as over-work in latter life ; so prolonged sleep unnaturally induced, is inimical to its well-being. As the child progresses from infancy to youth and adolescence, a judicious regulation of rest and exercise is necessary to the maintainance of health, the normal growth and increase of physical vigor. Habits of indolence on the one hand, and the "hardening process" by over-work on the other, are to be studiously avoided. The school-days of youths, especially of girls, in these days of multiplying studies in schools, and music and art out of them, are to be watched with unceasing care, and the fact made prominent that school-days are not the all of life, but only the preparation-time for an active maturity.

Educators, parents and the community at large are far too slow in comprehending these conditions. But that does not absolve physicians from their duty. He who is faithful to his convictions may be accused of being pedantic and fanatic ; but far better this than that parents accusing Providence for the severity of his dealings, shall stand over their confined children whose lives might have been prolonged to useful and vigorous manhood and womanhood had the physician performed his duty in their behalf.

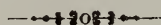
In mature life, like necessity exists that the normal relations of rest and labor be strictly maintained that health and vigor may be continued. Time and space are now practically annihilated ; and the superior knowledge of man compels the elements to do his bidding. Causes and results are in the closest juxtaposition. Purchases and sales, with the gains or losses, are the doings of a day or an hour. Life is an endless hurry, a ceaseless activity. He who excels with head or hand does so by his might. An old cotton merchant remarked : "that it once took him months to buy and sell a bale of cotton ; but now I buy and sell the world over in a day." "To-day," says an extensive manufacturer, "it takes four times the brains to make and sell a shoe that it did twenty-five years ago." Every telegraph, every telephone, every machine that utilizes labor, every investigation that develops new thought and enlarges science, demands more brain and brain-work, and produces more brain-tire, and calls for more rest. But few realize this, or if they realize, heed, so long as another dollar is to be made, or another problem is to be solved.

In this age very few "rust out;" here and there one "wears out" by the natural process of labor and increase of years. But the growing rule is that men "break down" by violence—smash, and at a period when life to them and to society ought to be at its highest value. Nervous prostration, brain-hyperæmia, brain-anæmia, paralysis and appoplexy are making ravages that are alarming in the extreme. And the lamentable fact is, that a great proportion of those who are victims to these diseases, which frequently are worse than death, are such as can be least spared from the world. In summing up the causes of these disorders, a want of proper care in the matter of labor and rest will be found to out-number any other to be considered.

It is seldom that these conditions appear suddenly. Marked and timely symptoms are presented to arrest the attention of the earnest and skilled physician. He may advise and instruct his patron, if he be not so soon his patient, of the danger of over-work and his absolute need of rest, if he has not earlier presented to him such thoughts for his considerations. And to prevent the catastrophe which he foresees as possible, is far more valuable to the patron, and more noble for the physician than to mutely await its consummation, and kindly

devote himself to prescribing bromides, strychnia, galvanism and travel, as his skill or fancy shall decide. The former course will best serve mankind; the latter, it may be will more readily fill the coffers of the covetous physician.

A glimpse only has been taken at the subjects referred to in this paper. To properly discuss either of them would occupy a great portion of the time of this Association. No claim is made for the putting forward of original thought; for the intelligent physician must be conversant with every principle enunciated. But it is hoped that this presentation of the importance of Physiological and Hygienic Instruction to Patients will awaken a fresh interest in the work and impel toward a more perfect performance of the duty it imposes.



Nasal Catarrh.

We condense some leading points from an excellent paper on the subject, read by Dr. Bosworth before the New York Academy of Medicine.

The nasal passages and the pharynx (the cavity of the mouth back of the soft palate) are alike covered with a mucous membrane; are alike traversed by the current of air in respiration; are alike exposed to inflammation from changes of temperature and from inbreathed dust; and alike without means of cleansing from hurtful accumulations.

The mucous membrane keeps itself moist and soft by its own peculiar secretion. Its inflammation is the source of nasal catarrh. When inflamed, the secretion is either increased or diminished. In the latter case, we have "dry" catarrh.

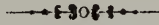
In both cases the inflammation tends to become chronic—the liability to "colds" constantly increasing, and each new one helping toward the chronic condition. In both cases—and this is the worst fact about it—the membrane is *thicken* by the inflammation, and in time may become permanently so, to the extent of closing up the passages.

When the inflammation causes an increased flow of mucus, it may also cause the white blood corpuscles to exude

from the blood-vessels, and thus render the mucus purulent or pus-like. This finds exit into the pharynx, where it either accumulates between its roof and the palate, or falls into the throat. The nasal passages becoming obstructed, the patient is forced to breathe through his mouth, whereby the disease is extended to the larynx, and toward the lungs.

In dry catarrh the thickened membrane crowds upon the mucous glands and arrests their natural activity. In this case, the mucus is thick, dries rapidly, and forms a tenacious crust, beneath which the imprisoned secretions undergo degeneration, and become fetid and offensive.

The disease should have the early attention of physician. When the membranes have become hypertrophied (thickened), it is difficult to reduce them, except by painful operations, and then the result is not certain. In many cases round masses of flesh develop far within the nostrils, which wholly close up the passages, and can be removed only by instruments.



LONGEVITY AS AFFECTED BY VARIOUS PURSUITS.

By H. G. Barrows, M. D.

[As we have been desired to print this article, for the gratification of those friends who have requested it, we have reproduced it.]

There can be but little doubt that the pursuits of life exert an influence upon the longevity of the human species, which influence is in some cases of a very marked character; but we have sometimes thought, while investigating this subject, that this influence was in some instances over-rated.

We think this subject is susceptible of a wise division, such as those pursuits that are *mechanical*, and those that are *intellectual*; and it is in this two-fold aspect we propose to view it, in the few remarks we have to offer. Doubtless the mechanical pursuits might be so classified as to show that a

certain class of mechanical trades have a tendency to influence unfavorably certain organs or parts of the body, and that certain other classes might affect certain other organs, or have a tendency to superinduce a certain class of diseases.

The class of trades embracing the coppersmith, the brass founder, the gunsmith, the painter, the plumber, and type-setter, is one in which we might look for the development of *lung difficulties*, as the fine dust arising from the working of these metals is imperceptibly drawn into the lungs, and to a greater or less extent affects those delicate organs. In the case of the painter, plumber, and of the type-setter, we not unfrequently have specific disease developed, known as painters' colic. Although the class of trades here specified are reckoned as the *unhealthy* trades, yet we question if, in the grand total, we shall find the mortality greatly out of proportion.

Another class of trades will include the brickmaker, caulker, graver, tanner, currier, dyer, &c. These being obliged to work much in cold water, and to endure a corresponding degree of exposure to the weather, would perhaps incline us to look for fevers, and febrile difficulties, so consequent upon wet weather and exposure. Still we are not aware that this class of mechanics are unusually unhealthy, or that these trades are attended by any extraordinary mortality. In another class, such as embraces blacksmiths, cooks, furnace-men, glass-blowers and the like, who are exposed to an exceedingly high temperature, and who are especially obliged, the most of the time, to look upon an exceeding glare of light, accompanied with intense heat, we might perhaps naturally look for diseases of the eye, and defects of vision; but so far as our experience extends, we are not aware that these difficulties prevail with them, any more than with the masses.

There is another class, comprising engravers, jewelers, shoemakers, tailors, and the like, which come under the head of sedentary pursuits, where we might rationally look for a marked influence upon the animal economy, and the physical organism. The position of the body, where the upper portion of the frame is more or less bent upon the lower, crowding the abdominal organs, would, we should think, have a tendency to inaugurate disease, and our own experience with this class of mechanics, has led us to conclude that constipation, piles,

and kidney troubles largely prevail. As to the comparative mortality here, when compared with an equal number in other pursuits, we are not informed. The references thus far made to the mechanical pursuits, are perhaps sufficient for our purpose. We think whoever will pursue the subject further, and take the pains to gather reliable statistics, will find that what are termed the most injurious of these pursuits, have not been attended with the extensive mortality that he has been inclined to suspect. It is surprising how nature will accommodate herself to circumstances, and how much the human constitution will bear when brought to the test. There seems to be a sort of compensating principle in the human organization that bears up against adverse conditions, supplies waste, and enables the constitution to maintain its integrity under frequent unfavorable circumstances. It will accommodate itself to the most trying positions of body, exhibit powers of resistance strong enough to enable one to reside in unhealthy localities, or even to withstand the influence of poisons when insidiously introduced into the system. These are facts patent to every physician, and they require no arguments to establish them.

But let us now take a view of the other class of pursuits denominated intellectual. This class embraces, in part at least, the teacher and the student, the professor and the physician, the lawyer and the judge, the editor and the clergyman, the artist and the actor. I name the actor last, as I propose to devote a few paragraphs to the lives of those professionals connected with the stage. All who are engaged in intellectual pursuits are fully conscious of the exhaustion of brain force, and how necessary it is that rest should be enjoyed in order to recover that force. To goad onward a jaded and overtaxed brain is carrying with it a most dangerous tendency; yet, many of our public writers, and public speakers do it, by the aid of equally dangerous stimulants. When you strike at the brain, you strike at that which constitutes you an intellectual and responsible being, and are tampering with the most delicate and most mysterious structure that ever emanated from the hand of the wise and beneficent Creator. An exhausted and over-taxed physical system will recuperate after due time, and by the aid of rest and proper restoratives; but an over-taxed and exhausted brain, instead of regaining its

former elasticity and energy, is greatly in danger of falling into insanity or paralysis. It is a wondrous organ, but it is cruelly abused. Intellectual pursuits have the disadvantage usually of being connected with a sedentary life; the mind is continually at work. The liability to take disease seems to be increased, and we are all aware of the nature of those diseases that threaten those whose days—and often nights, too—are devoted to intellectual pursuits. One is the gout, a disease of painful character, and not unfrequently proceeding from indigestion, and obstructed perspiration; for he who pursues the sedentary life consequent upon literary application is liable to retain in his system more or less of that effete matter which is so prolific of disease. Troubles of the bladder, such as stone and gravel, are difficulties to which intellectual pursuits are liable. The liability arises from the fact that the victim fails to obtain that exercise which so greatly promotes both the secretion and discharge of urine. It is believed by some medical writers that the free discharge of urine not only prevents the gravel and stone, but also other diseases. The torpid circulation in the liver of such as engage in literary pursuits, leads to obstructions of that organ which result in jaundice, indigestion, loss of appetite, and sometimes to a wasting of the whole body. Where there is a tendency to phthisis, in the individual, the want of exercise, the posture of the body, and the lack of pure air, all tend to the development of consumption.

Although a life of intellectual pursuits, deprived as it often is of sufficient air, light, and exercise, may give rise to these and other diseases that might be named, is the proportion of deaths larger among this class than among those who pursue mechanical business? Others in other positions in life die of similar diseases. Such statistics as we have been enabled to examine do not establish the fact.

We have sometimes thought that it was of little consequence what a man's pursuit in life was, as nature adapts herself to circumstances in the most wonderful manner. In this remark we of course make exception of those few mechanical pursuits which have a direct poisonous tendency, or that introduce poison into the system, or inflict mechanical injury, as, for example: Gilders, who are subject to mechanical affec-

tions, and who suffer from unpleasant ulcers in the mouth, which is a true salivation. Pottery glaziers are also subject to similar affections as those we have named. Filers of metals, whether brass or iron, suffer from the sharp fine particles of the metal that make their way into the lungs. Workers in cotton, wool, and feathers, breathe a fine dust into the lungs that produces irritation.

But we proposed to say something about actors. Actors and actresses are reckoned among those engaged in intellectual pursuits. It is well known that their powers of mind are continually taxed by the study of their parts, and not unfrequently over-taxed, as they are sometimes required to memorize two or three new parts in a week. We have been somewhat curious to look into this matter, in order to ascertain if their deaths are brought on by those diseases which might be said to be the natural result of over-taxing the brain. When you take into account the excesses in which they are so prone to indulge, the late hours which are forced upon them, and the deteriorated atmosphere of a crowded playhouse we confess we were somewhat surprised at the result of our investigation. We first selected one hundred deaths of male performers and found the diseases thus distributed: Congestion of the brain, 7; typhoid fever, 3; phthisis, 22; cholera, 9; (in these cases the diseases was epidemic;) cancer, 3; paralysis, 7; dropsy, 2; insane, 8; disease of the heart, 9; yellow fever, 8; (this disease was also epidemic;) apoplexy, 7; pneumonia, 2; gout, 3; and paralysis of the brain, dropsy of the chest, congestion of lungs, dysentary, asthma, bilious colic, erysipelas, consumption of the bowels, gastric fever, and bronchitis, one each. Were we to take one hundred deaths among our adult citizens at large, should we not be likely to meet with a similar result? We next selected, as in the case of the males, just as they came, one hundred deaths of actresses, and found the distribution of diseases, as follows: Cholera, 9; (this was epidemic;) congestion of the lungs, 8; puerperal fever, 7; typhoid fever, 11; cancer, 6; phthisis, 19; insane, 6; apoplexy, 5; yellow fever, 4; heart disease, 7; congestion of the brain, 6; dysentery, 4; paralysis, 5; Brights disease, 2; and scarlet fever, 1. Now if from this aggregate number of deaths of actors and actresses we subtract the yellow fever and cholera cases,

which were epidemic at the time, do we not get about the same result as we should from a like number of deaths selected from the community at large?

But there is another point, and that is the matter of longevity. I took the ages at which two hundred actors died, in order to ascertain if their pursuit had a tendency to shorten life. As a starting point I took the Bible limit, commencing with "three score years and ten," and arrived at the following results: There died between the age of 70 and 75, eighty; between 75 and 80, fifty-four; between 80 and 85, thirty-seven; between 85 and 90, twenty-four; and over 100 years of age, three. I next took the death age of fifty females, with the following results: Starting with the "three score and ten," as before, there died between 70 and 75 years of age, fifteen; 75 and 80, twelve; between 80 and 85, seven; between 85 and 90, eight; between 95 and 100, two. These statistics, which have been gathered with great care, seem to show that the theatrical profession, if it does not promote longevity, does not seem to be decidedly obnoxious to it. It has been intimated by some that the dissipation that so frequently attends this class of professionals is calculated to produce untimely deaths. This led us to examine into that point, and we found that out of seven hundred deaths among stage-players of both sexes, twenty-one of them committed suicide, while thirty-two died by accidents.

The investigation of this subject of the effects of our calling in life upon longevity may prove more curious and interesting than instructive, but so much has been said on this matter that our curiosity was excited to make some investigation of it. What we have done has been done imperfectly, we know. We should have been pleased to have extended our investigations into the medical, clerical, and legal professions, to ascertain how the account stood in those branches of intellectual pursuits; but from the comparatively superficial view taken of the subject we are inclined to the belief that we have attributed a larger share of influence to the pursuits of mankind in shortening the period of human life than really belongs to them, always excepting those trades which are poisonous in their nature, and which insidiously introduce actual poison into the system.

CHLOROSIS.

Dr. Dick, of London, remarks, "that amenorrhœa and chlorosis are not identical, as some loosely consider them. Nor does the one, by any means, necessarily imply the other. They are, indeed, often associated; yet, while amenorrhœa may depend on another cause than chlorosis, this latter affection does not involve, as a condition of it, an absolute stoppage of the menses, though it certainly does involve a diminished flow or a change in the quality of that discharge.

"Another relation between chlorosis and amenorrhœa may be noticed. While chlorosis may be, and often is, the cause of amenorrhœa, amenorrhœa *in ipsa*, probably never is or can be, the cause of chlorosis. Chlorosis consists in, or is accompanied by, a deficiency in the blood of red globules and of fibrin. Now, a single amenorrhœa, instead of causing or promoting such a deficiency, would have a directly contrary effect."

We know that this disease, is quite likely to be preceded by debility or laxity of the constitution in general, and of the uterine system in particular, and in fact, most authors have agreed in assigning these as being among the causes of this affection.

Indolent habits are not unfrequent among the causes of chlorosis, and we shall also find that it is apt to be complicated with leucorrhœa, and is often produced by it.

The symptoms of the disease may be said to be many and various. The feebleness and debility we have already spoken of; in addition to which we find that there is little desire on the part of the patient to make any exertion.

The skin is pale, sometimes there is a greenish hue of the face, which originated the term "green sickness," which was the ancient name of the disease.

The skin under the eyes becomes puffy, having a waxy appearance, and the eyelids also present this peculiar puffy aspect.

The whole body becomes, as it were, lax, oedematous and doughy, exhibiting a decidedly unhealthy appearance. The legs, feet and thighs become swelled and shiny; the pulse is generally slow and feeble, but easily excited. There is shortness of breath, accompanied usually with palpitation of the heart.

The color recedes from the lips, leaving a sickly paleness; the eyes are often encircled with a livid areola; the tongue pale, and covered with a whitish slime.

More or less headache obtains, with frequently a ringing noise in the ears. The memory is also sometimes seriously affected and the judgment impaired.

The appetite is either destroyed for natural food, or else so depraved as to lead the patient to hanker after the most crude and unnatural articles. The digestion is commonly deranged, and flatulence and acidity are usually present. Constipation is also a most universal attendant. Sometimes a disagreeable cough torments the patient, and hysteric symptoms very frequently prevail. It is not uncommon for hectic fever to be present. Added to all these, the natural cheerfulness of the patient forsakes her, and she is apt to become gloomy and morose. There is hardly any disease more calculated to excite the sympathy and pity of the practitioner than a well-defined case of chlorosis.

As the blood becomes impoverished and watery, if the disease is not cured it is liable, other things being equal, to result in dropsy, phthisis, or some one of the nervous diseases which will be likely to terminate the life of the patient.

In the treatment of chlorosis several indications are to be fulfilled, and the remedies suggested are presented with order or classification.

The system in general is to be invigorated, which may be done by the use of a nutritive diet, and, upon the recommendation of some, a moderate use of wine. Regular exercise is absolutely essential, but never to fatigue, and the best, perhaps next to walking, is riding upon horseback.

As there is always a strong tendency to sadness and melancholy, cheerful company will do much to alleviate this condition, and suitable public amusements will prove highly serviceable. With regard to medical treatment some recommend an occasional gentle emetic; but having never tried this remedy we cannot speak of its efficacy.

The preparations of iron are very beneficial, as is also the iodide of iron and manganese. The tonic properties of these preparations are probably beyond question. Quassia and gentian are very useful and stand high, in the opinion of some among the vegetable tonics. Alkalies are highly recommended by others, where they are chemically admissible. Sea bathing has many advocates, and we have known instances where good effects have followed.

We are decidedly in favor of frequent friction, and electricity has been said to prove decidedly beneficial. Some recommend purges, but we have never received any essential benefit from their use, only when they have been combined with iron. With us, diastolic purges have worked better in cases of obstructed catamenia from other causes.

Among the remedies which have been used by us in our own practice, Vallet's ferruginous mass has been very serviceable. We have usually divided a drachm into twenty pills, and of these given one night and morning. The pil. aloë et myrrh, and pil. ferri compound, of each half a drachm, thoroughly mixed and divided into twelve pills, administering two every night, have produced very fine results.

We are satisfied, from our own experience, that iron, in some form, is our greatest reliance, and we do not hesitate to crowd this remedy whenever we can; yet, we are not unmindful of the assertion of one writer, which our own experience corroborates, that there are individuals whose constitutions are so intolerant of iron, and are so peculiarly affected by it, that we are compelled altogether to forego the administration of this useful remedy. Some patients cannot endure it, except in quantities insufficient to effect a cure. We are, in consequence, compelled to look about for a substitute, and the most efficient one is, probably, "bismuth." Under the use of this article gradual and satisfactory cures have resulted. Carbonate of ammonia and the salts of Peruvian bark are also of value.

"Mons. Briquet, in the treatment of chlorosis, uses sulphate of iron, because of its solubility, in preference to the subcarbonate of the same substance. The following is his method of administering the remedy: Sulphate of iron, 1 gramme; distilled water, 180 grammes; mix and dissolve. Of this, the dose is a tablespoonful, morning and evening. Each spoonful contains seven centigrammes, or about one grain and a half

of the salt of iron. The above quantity of the solution is sufficient, for daily administration, for the space of a week. As to the subcarbonate, much larger doses of that may be administered; two grammes and upward have been given without any unpleasant effects."



TUMORS.

From the well known facts that a slight occasional current of galvanism will develop a muscle, while the continuous use of the same current will, by over-stimulation cause it again to waste, it occurred to Dr. M. H. Collis that the absorption of tumors might be brought about by this agency. After trying various forms of battery, he returned to the simple voltaic pile, composed of a dozen or more couples of zinc and copper, $1\frac{1}{2}$ inches square, or of small cylinders or plates of wood covered with felt and wrapped around with zinc and copper wire. These are excited by salt and water, or by sulphuric acid in the proportion of 1 to 20 parts of water. The batteries of wire coiled on wood are much the lightest, and more convenient in proportion to their strength: they preserve their activity sufficiently, and do not wear out so soon as the voltaic pile of zinc and copper plates; as many or as few as are desired can be used without delay in arrangement. A very strong current, either as to quantity or tension is not required.

A small quantity is sufficient to excite the nerves of the blood-vessels, and there should be just tension enough to insure that the current pass through the part to be acted on, and not merely round by the skin.

It is believed that this is a medical agent of considerable energy, and capable of yielding results of such importance as to warrant its frequent use.—*British Med. Journal.*

SULPHUR AS A MEDICAL AGENT.

We have sometimes been inclined to think that our desire for new remedies has led us to overlook those more simple in their character, and which, in various diseases, have, by long experience, been proved to be both useful and efficacious. New remedies come into vogue to displace old ones, when very many of the old and simple remedies are dismissed from medical service, notwithstanding they have enjoyed a long and tried reputation, and have scarcely, if ever, failed to serve the purposes for which they have been administered. It appears to us it would be a wiser course to retain in our practice remedies of acknowledged efficacy, rather than to yield them up upon any slight considerations.

One of these old and efficacious remedies, and to which, for a few moments, we desire to call your attention, is SULPHUR, which, as a medical agent, has stood the test of years, and proved highly efficacious in the hands of many practitioners; whether or not, in the small doses in which it is administered by the homœopathists, we are unable to say; but by the frequent use which they make of it they certainly bear testimony to its efficacy as a medical remedy.

Several medical writers speak of it in high terms of commendation, and it is found in our oldest dispensatories. One writer affirms that pure sulphur possesses various medical qualities. It is well known that it is a laxative, and has important diaphoretic, diuretic and alterative properties. In scruple or drachm doses it operates as a laxative. Whether its laxative powers depend upon the mechanical effect which it exerts upon the stomach and bowels, or upon its chemical action, we are not to decide.

Its efficacy has been very manifest in costive habits, arising from inaction of the bowels, and especially if accompanied with hemorrhoidal difficulties. In such cases it quickens the intestinal circulation, gives muscular tone to the bowels, and restores peristaltic action. We have not only found it useful in

all arthritic complaints, but also in neuralgia and some cutaneous diseases. In dyspepsia, accompanied with a weak, relaxed state of the stomach and intestines, sulphur, combined with small doses of cayenne and ipecac, taken three times a day before eating, will prove almost a specific.

In all cases where the cutaneous function is disordered, sulphur is a valuable remedy; it passes through the whole, habit, and manifestly transpires through the pores of the skin.

In all mucous membranous diseases it is also valuable. It is valuable here, from the diaphoretic, diuretic and laxative qualities which it possesses. Sulphur was formerly used in coughs to a considerable extent, and with good effect, and we do not know why it should have gone out of use.

Sulphur, in combination with sanguinaria, has been used with good effect in whooping cough, and has also been very useful in catarrhal coughs of winter, especially in such children as are troubled with worms.

In chlorosis it has proved of decided advantage.

Some have proclaimed sulphur a specific for cholera. As to its preventive or curative effects in this disease we are unable to speak, having never used it in cholera.

In speaking of parasitic affections of the skin, one author remarks: "Nearly all these depend on the formation of a low vegetable growth, of a fungous nature, in the deep layers of the epidermis and upon the surface of the cutis. Chemical researches have demonstrated that all preparations of sulphur have a special capacity for destroying the vitality of such vegetable organisms when they are brought in direct contact with them.

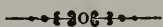
A writer in the "*British Journal of Homœopathy*," says: "Some time ago I was consulted by a young man for a very irritable condition of the bladder, from which he had suffered as long as he could remember. He was obliged to rise several times during the night to pass water, and to rush from whatever work he might be engaged on frequently during the day to relieve his bladder, at the risk of wetting his clothes if he did not yield to the urgency of the case. He was also afflicted with very profuse perspiration at night, making his clothes wringing wet. I gave him sulphur in water, night and morning, for about a week, and all the above symptoms disappeared

Another author, speaking of sulphur, says: "Internally administered it stimulates the glandular system, hence it may be esteemed an alterative. In ten or fifteen-grain doses, repeated two or three times a day, it overcomes constipation without producing a liquid stool, or allowing the bowels to relapse into that torpid state which generally follows the use of ordinary cathartics."

He says: "I have cured several cases of dropsy by the use of sulphur conjoined to bitartrate of potash. I generally prescribe a half ounce of each, and then order a teaspoonful of the compound mixture, in water, to be taken at a dose, which may be repeated two or three times a day. When this fails I have not succeeded with diuretics or other remedies. Sulphur assists an enfeebled digestion, and overcomes a biliary secretion. There are few milder or more reliable cholagogues. In constitutional syphilis sulphur exerts a favorable influence, and may be given when other well known remedies have ceased to produce their usual effects."

We certainly must speak well of sulphur, as it has served us faithfully in very many instances. We have used it freely, alone, and also mingled with other curative agents, under a variety of circumstances.

H. G. B.



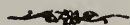
SANITARY SLEEPING.

Dr. B. W. Richardson protests against the double bed. He maintains that the system of having beds in which two persons can sleep is always to some extent unhealthy. Each little child even should have its own bed. No two children are constituted so as to require the same kind of bed clothing and the same kind of bedding. No children or persons can sleep under the same covering without one being the cause of some discomfort to the other, by movement, position, or drag of clothing.

Beyond these discomforts, however, there is the question of emanation from the breath. At some time or other the breath of one of the sleepers must, in some degree, affect the

other; the breath is heavy, disagreeable; it may be so intolerable that in waking hours, when the senses are alive to it, it would be sickening soon after exposure to it. Here in the bed with the senses locked up, the disagreeable odor may not be realized; but assuredly, because it is not detected, it is not the less injurious.

Moreover, under the single bed system, it is rendered impossible to place very old and very young people to sleep together. To the young, this is a positive blessing, for there is no practice more deleterious to them than to sleep with the aged. The vital warmth that is so essential for their growth and developement is robbed from them by the aged, and they are enfeebled at a time when they are least able to bear the enfeeblement.



THE TRIALS OF PROFESSIONAL LIFE.



Every calling in life has its cares and responsibilities, but those of the medical profession are of a nature peculiar to themselves. It often seems that no position allotted to man is incumbered with so many trials, the most of which are of such a nature that they can neither be foreseen or prevented.

When a young man has once entered upon the pathway which is to lead him to the attainment of that knowledge requisite to the pursuit of his profession, he is met at the threshold with the prospect of long months of dry and toilsome study and earnest mental application, through the discipline of which he *must* pass, if he would graduate with honor to himself, and reflect due credit upon those who have kindly taken him by the hand and used their endeavors to smooth down the asperities of his pathway.

Having "posessed his soul in patience," and passed triumphantly through the duties of his novitiate, his next care is to settle in some position, and hopefully wait the approach of those events which are "to make or unmake him quite." Here his trials commence. Day after day you will find him seated in his office, hopefully listening to every passing footfall, imagining an hundred times that he hears those footsteps

approaching his office door. But no he is doomed to disappointment, and his heart gradually yields up that hope as the sound of those departing footsteps die upon his ear. Thus sits the aspirant for professional fame, month after month continuously alternating between hope and despair, until suddenly the dark cloud which has long enveloped his mind, and overshadowed his prospects, is chased away by his first professional call. The mental thermometer instantly rises, his spirits become light, and his heart bounds with an unaccustomed joy.

The whims and caprices of the sick often prove a great trial to the physician. Preconcieved notions and opinions are often advanced, and even crowded upon the physician, until it sometimes beomes almost impossible for him to act with an unbiassed judgment. It is fearfully unsafe for the physician to yield up his judgment in those cases where he is expected to exercise his best knowledge and skill, and the young practitioner must be eminently watchful, lest he find himself unconsciously yielding to the adverse influences by which he may chance to be surrounded. The effects of such yielding may readily be imagined, when we tell you that they not unfrequently lead to doubts and misgivings in the minds of those around you, as to your qualifications, judgment and discrimination. It is better to be firm at the outset, and to decline any responsibility where your mind and judgment are not free and independent.

The importunities and interferences of families or friends will often prove a severe trial to the medical man. It is a truism that none are so ready to give advice and suggestions as those who are least qualified to do so. One exalts this remedy, another that : this is known to be good, because it cured such a one who was very sick ; and that, because it raised up such a one who was very low. Thus, persons who are unqualified to diagnose disease, or to compare symptoms, will importune and interfere, until your only resort seems to be to turn a deaf ear to your advisers, and thus offend them, or to decline your services and leave your patient to the tender mercies of some one who will be more easily moulded to the unreasonable wishes of meddling friends. It is surprising that, notwithstanding multitudes of valuable lives have been sacrificed at this altar of self-will, still these meddling and injudicious friends will not learn wisdom by experience.

One of the sharpest trials in the experience of the physician is the ingratitude of those you serve. In the hour of sickness and of suffering the physician is generally looked upon as the family's dearest friend, and "great expectations" are coupled with his visits. By his great vigilance, his careful study of the case under his care, and by unwearied attentions, the sick one rallies, recuperates and recovers, and the gratitude of the family knows no bounds. So far, all is quiet and peaceful; but, when the question of remuneration for your services becomes the theme of conversation, brows become darkened; bills lie neglected; and, if you are not avoided altogether in the street, your respectful notes, desiring an adjustment of your claim, too often prove a bone of domestic contention. But, at length, after an unreasonable delay, your claim is met, perhaps in no pleasant mood, and thus matters rest until the next visitation occurs, if, perchance, it ever occurs at all for you. But, this is not the only side of the picture; there is another, and a far pleasanter one. The above is a specimen of exceptional cases. There are those who not only appreciate the labors of the physician, but pay his demands with the most entire cheerfulness, believing that "the laborer is worthy of his hire."

The greatest ingratitude which the physician experiences usually comes from those to whom he has rendered unpaid services. Sympathy and kind feeling have prompted many a physician to render gratuitous service to those whose positions in life render it impossible for them to bear expense; still, they must not from this cause be left to suffer, and in the goodness of your heart you respond to their calls.

So long as you are successful, your star is in the ascendant, but should you fail, and that, too, where, from the circumstances of the case, all human aid *must* fail, then it is far otherwise. You fall at once, "like a star from heaven," and where you should have met but kindness, you receive the reverse. The hints and diabolical inuendoes of the ungrateful family meet your ear from time to time, and all your good intentions and kindly offices are, with one foul breath of slander, blown to the winds. With such families, want of success, on the part of the physician, is a crime; and whatever may have been your anxiety, watchfulness and care, these are as nothing compared with your crime of failure. Happily for the pro-

profession, however *all* poor families are not such; whilst a few resort to this unwarrantable and unpardonable course, there are many families who appreciate and commend your services, even though sometimes you may experience a failure.

Anothe great source of trial is found in the multitude of quacks and imposters which infest the country. Wherever your lot may be cast, you are almost sure to be neighbored by some notorious quack or medical pretender. They are, in all cases, men who are uneducated, either in a literary or a medical sense, and who have left their legitimate calling to dabble in matters far beyond the scope of their limited intellects. As they have nothing to lose, but everything to gain, they do not hesitate to exercise the most unscrupulous interference in the affairs of the physician, endeavoring to ingratiate themselves into the confidence of the family you have in charge—sometimes their knavery succeeding so far as to result in the discharge of the physician and the employment of themselves and their nostrums, until the speedy exit of the patient awakens the family. but alas, too late, to a realization of the fatal mistake which they have made

When will this devotion to ignorance and imposture cease? Never, until hundreds of more lives are sacrificed to ignorance and pretence, when it is hoped that the strong arm of the law shall interpose and prevent all from exercising the functions of the physician unless he has graduated at a legally constituted college of medicine.

The country is flooded with pretenders and imposters, who, by means of their nostrums, which are as destitute of chemical science as they are of curative power, are spreading disease and death all around, and the agency of the enlightened and skillful physician is often invoked to repair the damages which they have caused, and that, too, at times when human agency can exert no power.

Another source of your trials will be found in your professional brethren. I am sorry to touch upon this point, but truth and necessity compel me to do so. Among professional brethren, and especially those of the same school of practice, the utmost amity should exist. They should be kind and respectful to each other, and tenderly careful of each other's reputation. When called upon to attend a case where a professionable brother has been unsuccessful, your opinion will

often be asked as to the medical character or qualifications of your predecessor. *Then* is the time for you to act the friend and gentleman. Defend him from any aspersions which they may seek to cast upon him, and let them understand that you are not the person to listen silently to any defamation of your brother's character. No man ever yet successfully built himself up upon the downfall of another, for, "as truth crushed to earth will rise again," so as surely will the man you attempt to injure rise from the ruin into which you may have hurled him, and your infamy and his honor will yet be published broadcast to the world. Success, if it comes at all, must be based upon true merit; and if you possess true merit, it will not take an intelligent community long to discover and appreciate it. The public ever will, and ever should, view that medical man with distrust who is ever seeking to depreciate the merits of others who are legitimately in the profession, and every effort which he thus makes to build himself up will but be beating the air, and will signally fail of its object. That there are such men in the profession is a fact over which we have abundant cause to lament; yet it proves to us that, although so far as the schools are concerned, they are qualified for the exercise of the duties of the profession, yet, their entire lack of moral principle should for ever exclude them from our ranks. The scenes through which we are called to pass should teach us sympathy and kindness; if we fail to learn the lesson we are but dull scholars indeed, and it would be better far for such men to retire from a profession which, though they may not openly disgrace it, it is certain they can never ornament.

H. G. B.

THE EPIDEMICS OF MASSACHUSETTS.

A history of the epidemics of Massachusetts would prove highly interesting to the medical profession, and we wish it was in our power to provide such a record. But that is next to impossible, in consequence of the imperfections of the statistics, and the difficulty of getting at the precise names of the diseases which have from time to time prevailed. As early as the year 1630 a day of fasting and prayer was ordered in consideration of *great sickness* which prevailed, but the name of the disease cannot be positively ascertained only by inference. The ship "Talbot" arrived that year from London, on board of which several died of small-pox, and it is quite probable that this was the disease which prevailed at that period. In 1647 a peculiarly fatal epidemic prevailed through all that portion of territory now known as Massachusetts, and many died among the Dutch, English and Indians. All the description which is given of this epidemic is that it began with a cold, and a fever followed. The small-pox prevailed as an epidemic in 1649, although it does not appear to have been so terribly and extensively fatal as at some subsequent periods. In 1555 we have the simple record "that an epidemic prevailed in Boston," which, it must be admitted, is a most unsatisfactory chronicle. The small-pox, that dreaded disease, entered Boston again in 1666, and prevailed extensively, destroying the lives of many of the inhabitants. The town at this time contained 1,500 families. In 1676 the small-pox again raged in Boston, and in the regions round about, and it was estimated that about one-sixth of those who had it died. It also re-appeared two years after proving equally fatal. In 1702 this same disease carried off 313 of the inhabitants.

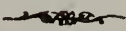
The measles prevailed as an epidemic in 1713, as also did a fever, of the character of which no record is left. In 1721 the small-pox raged in Boston, of which 844 persons died, and inoculation is subsequently introduced by Dr. Boylston. It

was estimated that of those who had the disease in the natural way one in six died; of those inoculated, one in two hundred. This disease made its appearance again in 1730, of which 480 persons died.

The epidemic of 1735 was scarlet fever attended with throat distemper, which was very generally mortal. In 1749 the putrid sore throat prevailed extensively in Massachusetts, and was in many instances fatal.

The small-pox re-visited Boston again in 1752. About 5,500 persons had the disease without inoculation and 500 died. Two thousand were inoculated and thirty of them died. The population of Boston was then about 17,000. In 1754 a great sickness occurred in Holliston, Mass., by which one-eighth of the inhabitants died, but there is no record of the nature or name of the disease. The small-pox appeared again 1764 but was not as fatal in Boston as on previous visitations; 124 persons died, and hospitals were established through the State for the purposes of inoculation.

In 1775 the epidemic was dysentery, which prevailed in many places, and proved uncommonly mortal. More than forty died of it in the town of Newton. It also carried off a great number of the American army, at the time quartered at Cambridge. Some supposed that it originated in the camp, others attributed it to the temperature of the weather. It broke out again in 1776, and prevailed extensively throughout the United States. In 1826 the influenza prevailed; in 1832 the cholera appeared. It is to be regretted that there is no full account of these epidemics of our early history; the peculiarities of the diseases, and especially the mode of treatment, as such a history must necessarily interest every medical man. We really hope that if there are any materials for writing up a work upon the epidemics of Massachusetts, from its settlement to the present time, some one may be found bold enough to enter upon the work, and contribute another useful volume to the medical literature of the day.



MISCELLANY.

THE BLOOD. Lecanu gives the following interesting facts as the result of his chemical researches :

The proportion of water is smaller in the blood of man than of woman. The proportion of albumen is the same. The proportion of globules is greater in the blood of man than of woman. It is also greater in the blood of sanguineous persons than in that of lymphatic persons of the same sex. The proportion of water is greater in the latter. The proportion of albumen is nearly the same. The proportion of water is less, and that of the globules greater in persons well fed, than in those scantily, or ill fed. The proportion of globules would seem to indicate the amount of vital energy.

BATHING CHILDREN. A thoughtful physician remarks in relation to this matter, that in bathing children it should be remembered that the power of producing heat in warm blooded animals is at its minimum at birth, and increases successively to adult age ; hence, the water that feels but cool to the nurse's hand, may be absolutely cold to an infant. Some persons are fond of what they call hardening their children, by plunging them into cold water in the winter ; but this is a pernicious practice and often produces disease of the lungs or of the digestive organs, &c.

PILOCARPIN. The effect of pilocarpin in diphtheria is, according to various German writers, most admirable. Dr. Guttman (Allg. Med. Zeit.,) says, that given internally a free salivary discharge is established, by which the diphtheritic membrane is softened and dissolved ; the inflammatory phenomena rapidly lessen and disappear ; and the condition of the patient is speedily improved. Out of sixty-six cases, many of them severe, he did not lose one, and they were all cured in from twenty-four hours to three days.—*Peoria Medical Monthly.*

EPILEPSY CAUSED BY A FOREIGN BODY IN THE EAR. Dr. Katz, of Berlin, had not long since a patient brought to him, aged thirty years, who suffered from troublesome noises in her left ear and epileptic convulsions. On examining the patient he discovered in the left auditory meatus a black mass, which he extracted with difficulty, and which was found to consist of a roll of cotton wool covered with cerumen. After the extraction the woman was relieved of her pain and noises in the ear, and has not since had any epileptic seizures.—*La Presse Medicale Belge*.—*London Specialist*.

PULSE. The number of pulsations per minute in the human subject is, in childhood from 80 to 100; in growth from 76 to 85; in the adult from 70 to 80. The pulse of Napoleon is said to have been from 30 to 40 per minute. To this may be added the following, which is of interest. It is the generally accepted standard. In early infancy the pulse is about 140 per minute; in the second year 130; in the ninth year 90; at fifteen years 82; at forty years 75; and from the fiftieth to the sixtieth 60.

THE HAIR. It is known to medical men that general debility, various kinds of fevers, the small pox, syphilis, varioloid, and perhaps other diseases, will sometimes result in partial loss of the hair; and although the immediate cause is undoubtedly to be found in diseased follicles, yet it is by the action of such diseases that the follicles become involved.

COFFEE. A strong infusion of coffee without milk or sugar, is recommended in the vomiting of cholera infantum, and in cholera morbus. The dose for a child is a teaspoonful every ten or fifteen minutes; for an adult a tablespoonful, administered as often.

MANIA. In two cases of violent maniacal excitement, says a physician, a dose of thirty grains of the bromide of potass, administered every second hour, reduced the patient to quietness, and procured sleep, of which they had been deprived for days.

CHRONIC CYSTITIS. Dr. Mulhorn reported to the Medical Society of Michigan that he had a lady patient who had suffered from cystitis for three years. There was frequent desire to urinate, but ten grain doses of benzoic acid very promptly relieved this difficulty. He has found that in cystitis this remedy works like a charm.

A TEST. Oxalic acid bears so strong a resemblance to Epsom salt, says Dr. Butler, that the one is sometimes mistaken for the other. He recommends this test. If the acid be dissolved in water it may be distinguished by the acid taste it gives, while that of Epsom salt is bitter. But if lime water be added to the solution of acid it will immediately turn it white, whereas the lime water will produce no change in the solution of Epsom salt.

CARBONATE OF AMMONIA. It has been affirmed that Carbonate of Ammonia has been given with considerable success in measles in the following form. Dissolve two drachms of the Carbonate in half a pint of water, to which add an ounce of syrup. A tablespoonful may be taken every five hours.

MEDICAL ADVICE To be worth following, medical advice should be clear and distinct, given without hesitation or ambiguity, received with implicit confidence and acted on promptly and vigorously. Too often, the efforts of the medical adviser are rendered nugatory, because his directions are not properly carried out. If the patient confides not in his skill and judgment, there is little hope of his effecting a cure.

AUSCULTATION. This method diagnosis is said to have been introduced and announced in 1761, by Leopold Suenbrug, a Viennese physician. Soon after 1808 it became general in France, and thence spread all over Europe. It received a great impetus in 1816, by Laennec's invention of the stethoscope, and the method became one of almost general usage in the profession.

LEECH BITES. In persons predisposed to inflammation, a leech bite will sometimes assume an angry erysipelatous appearance. There may be considerable swelling and pain, which may be subdued by proper appliances. There are

persons who experience a similar result from the bite of a fly or mosquito, and the portion of the body bitten will exhibit all the appearances of having been poisoned.

THE BLUES. This is a common name for that state known as low spirits. The best remedies are change of scene, cheerful society, employment of the mind in some pursuit not too laborious, exercise, tepid and shower bath, and a due attention to the bodily health; this course is ordinarily successful.

SINGULAR STATISTICS. It is affirmed, as the result of statistical observation, that married women at the age of 25 have, on the average, 36 years of life before them; while unmarried women of the same age have not, on the average, more than 30 to 31 years. In men, the mortality between ages of 25 and 45 averages eighteen per cent in the married, but 27 per cent, or one third more, in the unmarried.

WHOOPING COUGH. The "Medical Brief" presents the following prescription. R French brandy, Castor oil, Honey, Mucilage of Flaxseed, of each one pint; pulverized alum one tablespoonful. Mix and shake the mixture before taking. The dose is a tablespoonful to a child five years old, three times a day, and so on according to age. Dr. J. K. Rushin, of Tallassee, Ala., says "this is an excellent remedy, and has been tried with entire success."

RATTLESNAKE POISON. The poison mingles with the circulation, destroys its red color, and its vitality, brings on blackness of the blood, stagnation of its current, convulsions and death. The unfailing antidote which experience has taught the Indian to apply is, to scarify the wound to the bottom and filled it with salt. This salt is taken into the circulation restores the redness and vitality of the blood, and the wound soon heals.

GROWTH. In the earlier periods of life, when growth is most rapid, it is of vital importance that there should be plenty of exercise, and plenty of good wholesome food. The appetite of a growing child should not be stinted, neither should it be pampered. He is not likely to eat too much of that which is really nutritive and fit for him, and it is a very mistaken kindness to let him eat to repletion of that which is not so.

WHOOPING COUGH. Dr. C. H. Smith reported that in two hundred cases of this disease, treated with Chloral, he has in every case observed a marked alleviation of the symptoms and shortening of the period of the disease. Only one case lasted seven weeks, and the majority of the cases were well in from two to six weeks. No other remedy was given.—*New York Med. Journal.*

THE HAIR. Paget the English anatomist says, "the hair in its constant growth, serves (over and above its local purposes,) for the advantage of the whole body, in that, as it grows, it removes from the blood the bi-sulphate of protein and other constituents of its substance, which are thus excreted from the body."

INTEMPERANCE. Is it a disease? there is a disease known as Dipso-mania, which is a morbid craving for drink, which generally occurs at intervals, in which a person is seized with an irresistible propensity to drink to excess, although conscious at the time of their misconduct, but are unable to control themselves.

RINGWORM. Dr. J. T. Slaughter, Jr., of Georgia says Tinct. of Cantharides has never failed in his hands in curing ringworm in from four to six days. Apply to the part affected two or three times a day.—*Medical Brief.* We endorse that treatment.—*Ed. Mass. Eclectic Med. Journal.*

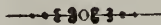
PROLAPSUS ANI. The San Francisco Western Lancet, gives the following; R. Ergotine 2 grains: Cocoa butter sufficient to make up into one Suppository. One should be introduced after each dejection from the bowels.—*Peoria Med. Monthly.*

NEURALGIA. Chloral Hydrate and Camphor, equal parts, when mixed will produce a clear solution, which is said to be of great value as a local application in any variety of neuralgia. It does not produce discoloration, and gives instant relief.—*Anon.*

CHLORAL HYDRATE. With regard to this agent, it has been affirmed that the long-continued administration of it, will produce irritation and paralysis of the optic nerve.

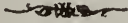
EPIDEMICS. Epidemic influences are not always confined to human beings; the lower animals suffer from them, and it has even been observed that birds have forsaken districts in which these influences have prevailed.

ADVICE GRATIS. If you will rise seasonably, eat and drink judiciously, exercise freely, keep the mind employed generally, clothe adaptedly, ventilate thoroughly, seek relation occasionally, live at peace with your conscience,—if you will do all this, you have the best guaranty (casualties excepted) of a healthful life, of a calm old age, and of a peaceful and painless exit from this world of mingled joy and sorrow.—DR. BARROWS.



MEMORANDA.

1682. Dr. Thomas Browne died in England, aged 77 years.
1683. A general sickness prevailed in Connecticut.
- “ Dr. William Etmuller died in Germany, aged 39 years.
1684. Malignant dysentery prevailed in Europe.
- “ Dr. Nathaniel Highmore died in England, aged 74 years.
- “ Dr. Nathaniel Hodges died in England, aged 45 years.
1685. Dr. Elisha Cooke died in Boston, Mass., aged 78 years.
1686. Dr. Nicholas Steno died in Denmark, aged 53 years.
1689. Dr. Sydenham died in England, aged 65 years.
- “ The spotted fever prevailed in Germany.
- “ The small pox was epidemic in Boston, Mass.
- “ Dr. Theophilus Bonnet died in Switzerland, aged 69 years.
1690. Cascarilla bark was in use as a medicine in Germany.
1691. Dr. Richard Lower died in England, aged 60 years.
1693. A severe and fatal sickness prevailed in Boston, Mass.
1694. Malpighi, a noted physician, died in England, aged 62 years.
1695. A fatal epidemic attacked the Indians in New England.
- “ Dr. Christopher Merret died in England, aged 81 years.
- “ Dr. John J. Wepfer died in Germany, aged 75 years.
1696. Dysentery was fatal among children in New England.
1697. Dr. Charles Drelingcourt died in Paris, aged 64 years.
1698. The spotted fever prevailed in England.

- “ Catarrhal fever prevailed in New England.
 - “ A fatal sickness appeared in Connecticut.
 - 1699. The yellow fever visited Philadelphia, Pa.
 - “ A severe bilious fever prevailed in parts of New England.
 - “ Dr. Charles Barbeyrac died in France, aged 70 years.
- 

EDITORIAL NOTES.

THE MASS. ECLECTIC MEDICAL SOCIETY will hold its annual meeting at the Revere House, Boston, on Thursday and Friday, June 2d and 3d, for the transaction of the usual business. Thursday will be devoted to the election of officers for the ensuing year, the reading of essays, and other business. Friday will be devoted to the annual address, dinner, &c.

It is to be hoped that there will be a large attendance of the brethren at this annual gathering to interchange friendly greetings, and enjoy a season of social intercourse.

THE NATIONAL ASSOCIATION The next annual meeting of the National Eclectic Medical Association will be held in the city of St. Louis, Missouri, beginning June 15th, and lasting three days. The headquarters of the Association will be at the Lindell Hotel, where the charges are \$2.50 per day. It is hoped that the attendance will be very large, and that the occasion will mark an epoch in the history of the Association.

OUR LEADING ARTICLE. Attention is directed to the leading article in this number, by Dr. C. E. Miles, of Boston, which contains important matter for physicians to consider. It was presented at the National Association at Chicago, Ills., and we coincide so fully with the sentiments advanced that we were anxious to place it before our readers, very many of whom will read it for the first time. Dr. Miles has written upon an interesting and important subject, and we commend the article to the careful reading of our physicians.

The Boston Journal of Commerce, a paper issued weekly in this city, at 26⁶ Washington Street, at \$3 per year, is one

of the most valuable of our exchanges. It is devoted not only to news and miscellaneous matter which adapts it to family reading, but also to the arts and sciences which makes it a welcome and useful visitant to the mechanic, the inventor, the machinist, and all such as are interested in mechanical progress generally. It is a live paper, ably edited, and fills an important space in the literature of the present progressive age.

We desire to call attention to the advertisement of Dr. Jerome Kidder's Electro-Medical Apparatus, in the present number of the Journal. The Kidder Manufacturing Co., 820 Broadway, New York, have for a long time been turning out these instruments, which have become very popular with physicians and others. Dr. Kidder's apparatus has been endorsed by the Centennial, and the American Institute by gold medals, and other distinctive marks of approbation, as being convenient and perfect. Those who are desirous of knowing particulars concerning the various instruments manufactured by this company, will do well to address them at 820 Broadway, New York, and receive in return their illustrated catalogue.

Messrs. B. O. & G. C. Wilson, the Wholesale Botanic Druggists, have removed to No. 28 Merchant's Row, between State Street and Faneuil Hall. This old firm, of thirty years standing, still continue to provide physicians and dealers with first-class goods, such as pressed herbs, solid and fluid extracts, concentrated remedies, and a host of other articles in their line too numerous to particularize. Their herbal department is immense, and the herbs are of the best quality. This firm has secured the confidence of the public in general, and especially of physicians, by their reliability, and are still prepared with a large and varied stock to answer all demands made upon them, and to fill all orders, by mail or otherwise, with fidelity and despatch.



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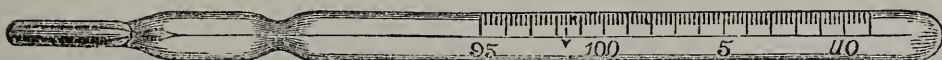
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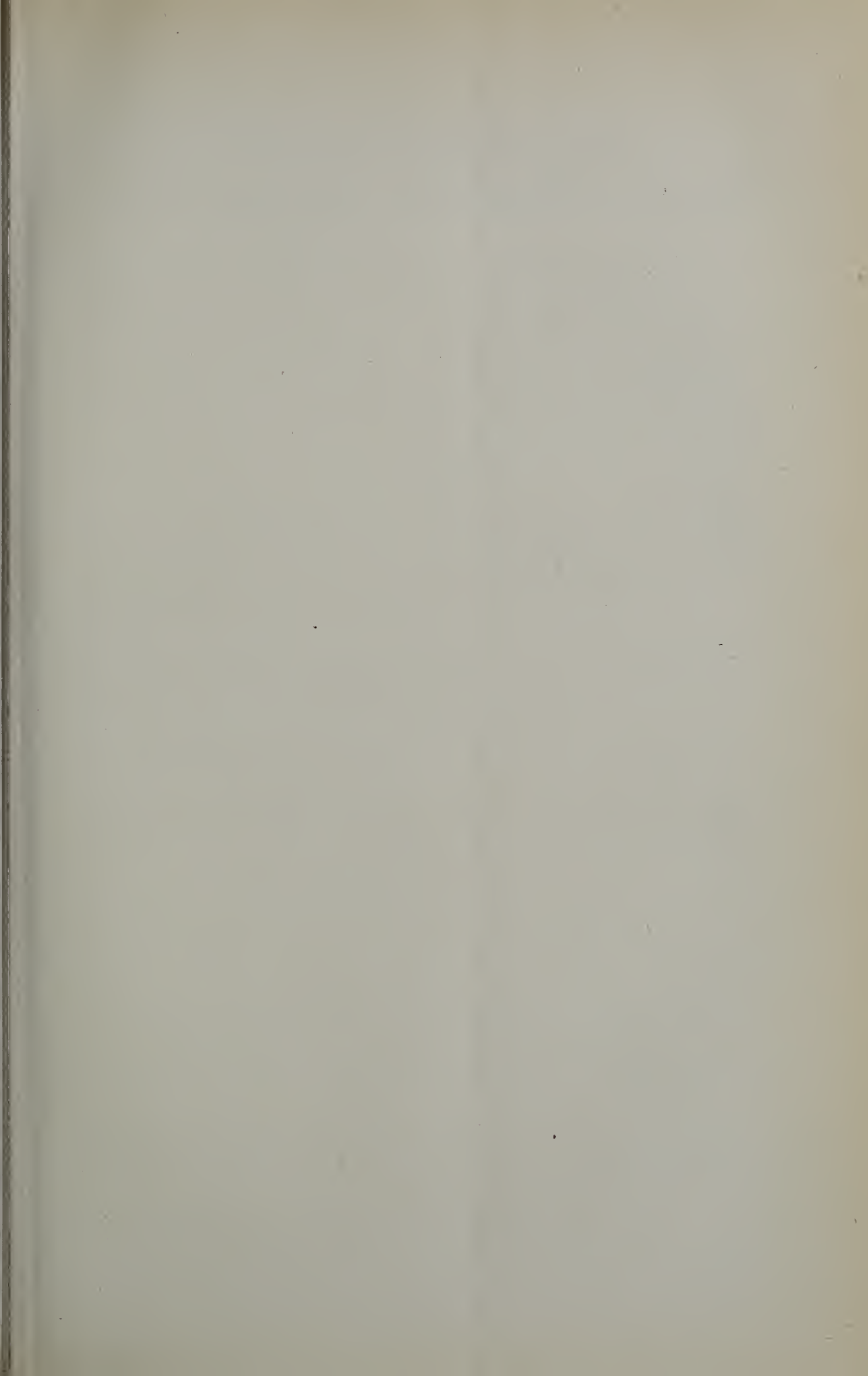
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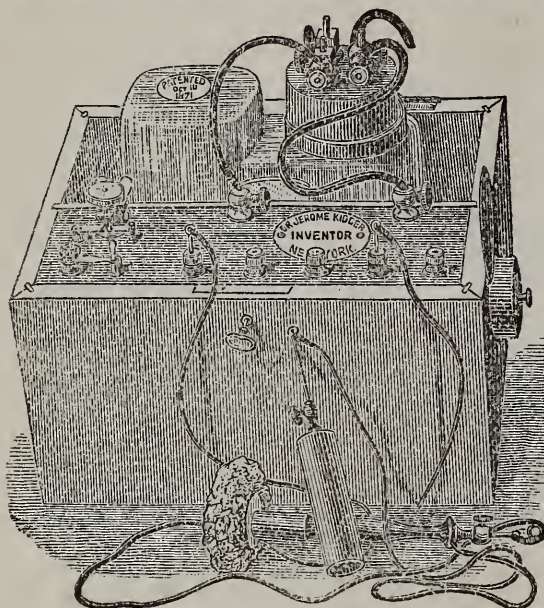
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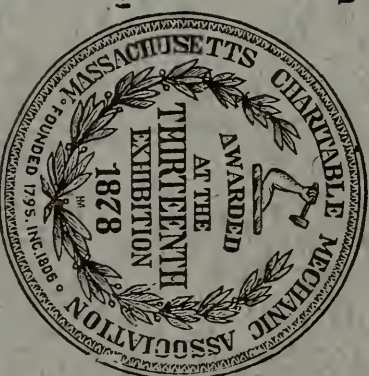
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.....
EDITED BY
G. HERMANN MERKEL, M. D.

H. G. BARROWS, M. D.
(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY.)
.....

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THE USTILAGO MAIDIS AS AN OXYTOCIC.

By C. E. Miles, M. D.

Believing fully that quite as much good is often accomplished in carefully studying those remedies we have already found valuable, and that may also possess other and yet unknown therapeutic properties, thereby limiting to a convenient number the medical armamentum, as in bringing to notice new medicines for trial which may not have any superior value to those at present well known, and hence cumbering the books with a multitude of agents which, at best, are in many cases simply substitutes one for the other. Conscientious care should be exercised in preventing questionable remedies to the profession.

The spirit of conservatism, however, must not be indulged to the extent of discouraging laudable investigation of those agents which by any methods are shown to possess either before unknown properties, or which produce results similar to well known agents, but more in harmony with nature, than those with which we are familiar.

In the light of the above considerations, I would call attention to what I know of the *Ustilago Maidis*, and the experience I have had with it in severe cases of parturition. It is now some fifteen years since the *Ustilago* began to be studied, and what I have read of it has been gathered from the periodical medical literature of the day, the best summary of which that I have seen is in "NEW PREPARATIONS," for January, 1877, issued by Parke, Davis & Co., Detroit, Mich.

The *Ustilago Maidis* has its habitat in the *United States*, and is commonly known as *corn smut*, *corn ergot*, its medicinal part being the *fungous, exclusive of chaff*. It contains the propylamin and secalin, active constituents in the *secalæ cornutum, ergot*.

From time to time brief articles have appeared in the medical journals claiming oxytocic properties for the "Ustilago." It is known that cows and other domestic animals eating it while carrying their young, frequently abort. Experiments made with it upon the pregnant bitch causes her to abort. Mules feeding upon it have suffered from ergotism.

Having a quantity of Parke, Davis & Co.'s *Ustilago Maidis* put into my hands several years since, I resolved to test its properties, and the following cases will illustrate the results:

Case I. Mrs. B., had been in labor three hours with her third child, when I was called. The os uteri was fully dilated and the child's head had descended well into the true pelvis, in the first position, but the pains had ceased for half an hour before I arrived. The vaginal examination and gentle manipulation upon the abdomen failed to excite pains. The parts were cool and the lady was comparatively comfortable. As previous labors had been somewhat rapid in the second stage, I did not feel at liberty to leave the house, so I took my seat in an adjoining room in company with my paper. Half an hour had elapsed but all was at a standstill. I then ruptured the membranes and there was quite a large discharge of the liquor amnii, and the patient was advised to move about the room, which she did. Another half hour elapsed without any sign of labor pains, and I gave thirty drops of the Ustilago, repeating the dose in twenty minutes. In about twenty minutes she had a very steady and firm, but short pain; in about six minutes more the second pain came on but was longer than the previous one. After this the pains recurred after a remission of about four minutes until labor terminated, which was in about fifty minutes from the time of the first pain after taking the Ustilago.

Case II. Mrs. A., 35 years of age, healthy. This was her second labor, and I was engaged because the family felt there was undue haste in using the forceps in her first confinement

on account of feeble pains during the second stage of labor. There was a ruptured perineum and a still-born child, and the patient was confined to her bed for many weeks.

I learned that the attending physician in the first labor, a skilful obstetrician, waited an hour after the second stage of labor had set up, and then gave in a little time half an ounce of Squibbs' Fl. Ext. of Ergot; this failing to produce any pains he etherized his patient, put on the "Long Forceps," and after three-quarters of an hour's try delivered the mother of her child.

I did not allow myself in the least to unfavorably criticise her attendant, but explained that being present he could better judge than I what the circumstances of the case demanded. But I had not the least desire or intention unless it was imperatively demanded, to use the obstetric forceps in this case in the face of the strongest prejudice of an intelligent and influential family, especially when one who was fully my peer had lost family and favors by doing so, it may be somewhat hastily.

Labor began at 2 A. M. I first saw the patient at about 8 A. M. The pains had been somewhat frequent and the os uteri was dilated to the size of a half dollar, and was dilatable; the parts were cool and moist, but the patient was quite nervous. Ordered her toast and coffee, and left her for an hour, when I returned to find the os the size of a dollar. Saw her again at 11 A. M., and found her much as at last visit; at 12.30 P. M. the pains were a little sharper with a sense of bearing down when they came on. At 1.30 P. M. I called and found the os fully dilated and the head in the first position, engaged in the superior strait. The pains were occasional, short and sharp. For an hour there was scarcely any progress. I then ruptured the membranes, when the average amount of liquor amnii escaped, but the pains were not increased. Another hours' waiting was without any good results, and I administered thirty drops of the *ustilago maidis*; in twenty minutes I gave forty drops of the remedy as the first dose had produced no effects. In about ten minutes from the taking of the second dose the pains came on and were repeated with great regularity every five minutes, and were strong and natural. The perfect remission was very marked. In about forty minutes from the taking of the second dose of

medicine the lady was delivered of a nine and a half pound boy without the least accident. In a few moments a more vigorous pain came on and with a slight tension on the funis the secundines were thrown off. The patient convalesced rapidly.

Case III. Mrs. P., age 32, a lady in fair health, borne four children. In each labor the second stage had always been prolonged from uterine inertia, the forceps having been resorted to in her first, third and fourth parturition. Saw her at 10 A. M.; the first stage of labor was completed and the child had descended considerably into the pelvis. The pains had subsided; ruptured the membranes, used friction to the abdomen and advised her to walk about the room which she did, but the pains did not set up. At 12 M., gave Squibbs' Fl. Ext. Ergot, two drachms; at 1 P. M. there being no indication of labor coming on gave Parke, Davis & Co.'s Fl. Ext. Ustilago Maidis 45 drops and in fifteen minutes labor set up vigorously and terminated at 2 P. M.

Many other cases in a manner similar to those cited might be given to show the efficiency of the 'Ustilago Maidis' as an Oxytomic, but these may suffice for the purpose in view.

The question now arises, "would not *Ergot* have done all this as well as the agent used?" I answer "possibly it might; but it had once failed with patient No. II." This, however, is what is claimed pre-eminently for the *Ustilago Maidis*, namely, "the pains that it induces are strong, regular and *remittent*; they greatly resemble natural labor pains." The peculiarity of the pains induced by the *Ergot* are strong, continued and spasmodic, contracting the uterus violently, so long, indeed, that "the child is often destroyed by their persistency." The continual "forcing" of the pains of *Ergot* must have impressed every one who has prescribed it frequently.

Now, if the *Ustilago* does what is claimed for it as an Oxytomic, and is free from the well known objections to *Ergot*, then it is well worth our attention and trial in practice. I shall certainly test it further as opportunity offers.

In taste it is not as objectional as the *Ergot*; it does not deteriorate by keeping as rapidly as *Ergot*, and is a more plentiful and hence a cheaper article. It is also claimed for it that it possesses much value in uterine hemorrhage, of which

I feel very certain from a not very limited experience in its use ; but so far should prefer the hypodermatic injection of Ergotine to it.



A CAUTION ABOUT CHLORAL.

So many women are seeking to quiet their nerves by artificial means instead of by the natural remedies of rest, fresh air and the exercise of will power, that the following paragraph on the use of chloral, a drug much resorted to by fashionable invalids, is printed as a warning to them: In some respects it is quite distinct from the general order of sedatives to which it belongs. It is at once to be admitted that its use does not create a desire at all in comparison with that created so often by alcohol, opium, tobacco and hasheesh. It is more distinctly a pure hypnotic or sleep-producer than any of these. In some respects it is not so safe. There is not wanting the evidence that in moderate doses it has produced serious symptoms, such as do not occur with the other named drugs. While we consider it safe to use opium for instance up to the effect sought, and in very large doses, it is directed never to use chloral in a new patient to an amount over 60 grains, in divided doses, When long continued, it is more likely to result in serious impairment of health than others of its class. The nervous system and sometimes the brain power seems to become permanently impaired, and the blood to lose its usual reparative power. The fact that delirium tremens has been known to result from intermission of its use after long habit points to its great effect on nervous tissue. Its action even in moderate doses is direct upon the cerebrum. "In full doses it acts as an intense depressant upon the centres at the base of the brain, and upon the spinal cord, causing slowness and weakness of the heart's action, probably vaso-motor paralysis, slowing of the respiration and muscular weakness, with a certain amount of anæsthesia." Its effect upon the respiration is sometimes so marked as to cause alarm. At one time it was believed that it suddenly liberated chloroform into the blood. Its valuable and safe hypnotic effects, within certain limits, are highly prized by the physician ; but, more even than most sedatives, it should be kept within the range of his prescription and approval.—*Boston Herald.*

IS OUR INFANT POPULATION ON THE DECREASE ?

By the Editor.

Whoever takes a survey of the occurrences by which he is continually surrounded, and takes the pains to consult statistical and other facts, cannot, we think, fail to observe that there is an alarming falling off in the American infantile population, for which there must be good and sufficient causes. Whether or not we shall be able to reach them, and bring them to light, and so present them as to make them appear reasonable in the readers' estimation is somewhat problematical ; but, from a pretty careful examination of the subject, we are induced to believe that we have, at least, approximated the causes, and no harm can be done in presenting the results of our examination.

Let us examine to see if it is a fact that our infant population is on the wane. We have a Registration Report at our side, for the year 1866, which will afford us a very reliable point to start from. This report informs us that the purely American marriages have slightly declined, and that the *mixed* marriages have increased. But we cannot regard these tables, (in which these statements appear,) as very significant, since the number of persons of foreign extraction, although *born* in America, is known to be so large, and is every year increasing. The children of foreign parents who came over a few years since in great numbers have, many of them now reached marriageable ages, and being born in this country are recorded as Americans.

Such being the facts, we must perceive that when we deduct the children of the purely foreign, and those of mixed marriages *assuming* to be American, it proportionally diminishes the aggregate of *bona fide* American births.

If the death-rate of the children of the foreign population is but a little larger than that of the absolutely American born, it only shows that the number of children from which death selects its victims is larger, which seems to harmonize with the fact asserted by the registration report, viz.: that foreign and mixed marriages have increased and consequently their births, while the purely American marriages have declined and consequently *their* births.

The "Report" gives as an example, that in Massachusetts, from 1860 to 1865. the total number born of foreign parents, *exceeded* those born of purely American parents. The *excess* of birth-rate placed opposite that of the purely American birth-rate, shows the decrease of *our* infantile population, and sustains the position laid down in the outset.

Take the returns of the year 1868. These show that the number of "Births in Boston" was as follows: Children purely American, 1,818; children of foreign parentage, 4,233, and mixed births, 5,224, making a total of foreign and mixed births of 9,457. From this total subtract the purely American births, which were 1,818, and we have 7,639 remaining as the majority of foreign and mixed over purely American births.

When we come to consider the number of deaths in the infantile community, we are led to ask, "why are they so numerous?" It is well known that large numbers of children die before they reach the age of five years, and a large number also die under one year old. As an example, the deaths in Massachusetts for one year were 7,846 under five years of age, and 4,672 under one year; making a total of 12,518.

In considering the large mortality of children, may we not find one cause in the lack of skill on the part of physicians to combat infantile diseases? We do not affirm that this lack of skill grows out of any deficiency in medical education, or any want of faithful care of, or attention to their little patients; but from the fact that too many of us do not investigate, study, and become familiar with the diseases and difficulties incident to infantile life. Perhaps no part of medicine is of more general importance than this.

A certain writer very justly remarked, "were physicians more attentive to the diseases of infants, they would not only

be better qualified to treat them properly when sick, but likewise to give useful directions for their management when well."

The pathway through which infancy must travel to reach maturity is lined with pitfalls in the shape of teething, croup, convulsions, measles, scarlatina, whooping cough, &c., through either of which it may fall into the land of shadows. These are the liabilities to which infancy is exposed, and doubtless the experience of many of us will confirm instances wherein we have attended the same patient through many of these troubles.

A very clear-headed medical writer, in speaking of this class of patients truthfully observes, that, to the physician there is not in the whole circle of his professional studies, a subject of purer, or more interesting observation than the diseases of infancy. He should lean over his little patient and watch the countenance, the attitude, the respiration, &c., as an artist would study a statue; he thus acquires the skill to read in the face and manner of the little infant its pains and its sufferings, and the signs of its various diseases. These, we all know, are the only guides we have to direct our course. This class of patients can utter no words to tell us of their pains and sufferings; and by a close observance only can we read those symptoms which, though dumb to others, will speak to us.

If we would become skilful in the treatment of the known and unknown, or the plain and obscure diseases of infancy, we must study symptoms with great care. Although the tongue speaks not to enlighten us when we stand by our patient in the shade, with no sunbeam to show us plainly our course, still we have the stars; these symptoms, like stars, may give an obscure and uncertain light, but by them we may be enabled to grope out of our darkness. The countenance of the infant will often prove a tell-tale to indicate the nature and seat of pain. The gestures will aid the countenance in imparting light to our diagnosis. The sleep, whether natural or disturbed, will supply its quota of information. The breathing, the pulsations of the heart, the tones of the voice in crying, the state of the tongue, the skin,—each will impart their portion of information; yet, from all these we are left to *infer*, as we have no intelligent verbal communica-

tions to aid our diagnosis, or to dispel our doubts. The experience of many of us is that we lose many children; and probably few of us will find, in footing up our records, that the sum total has been an *equal division* between infants and adults; the balance, when it is struck, will leave a proportionally large number of deaths to be placed to the account of infant patients.

How important is it, when this class of patients fall to our care, that we study with minuteness and attention, the varied symptoms which, especially in obscure cases, are presented for our interpretation. Many a physician has built up a lasting reputation by his successes with this class of patients; and there is little doubt that the man who has gained the reputation of "being successful in doctoring children," will find his services in frequent demand.

We now pass to another consideration touching the cause of the decrease of our infant population, which is the assumption on the part of females, of those pursuits hitherto considered as more especially appropriate to the male sex,—such as bookbinders, clerks, cigar makers, hairdressers, photographers, store keepers, telegraphers, costumers, sewing machine operatives, and other employments that might be named. To this large number we must add artists and authoresses, dress makers, hat and cap makers, music teachers, tailoresses, of whom, according to the "Returns" quoted amount in Massachusetts to over 4,000, and teachers who number over 6,000. These, added to the general account will immensely swell the great aggregate.

We take occasion here to utterly disclaim, in our remarks, all allusion to the subject of "woman's rights;" this question does not fall within the circle of this discussion. It has been asserted that there is a decline in the infantile population of this country, and we are seeking for a reasonable solution of the question of causes which have brought it about, and will perpetuate it.

It will readily be perceived that the large number of females engaged in these various pursuits, will present their *occupation* as an insuperable objection against wedlock, and the maternal relation. They never can, nor never will allow child-bearing to interfere with their efforts to accumulate money. The result is that thousands of females, competent to

sustain the maternal relation, are as if *dead*, so far as the duty of "multiplying and replenishing" the population is concerned.

When we seek for other causes of the early, not to say oftentimes premature deaths of children, we fall upon a combination of circumstances which operate to that end.

Some mothers neglect their offspring at an age when they most require maternal care and nurture. There are some, and to their shame be it spoken, who deem the care and nursing of an infant but drudgery:—it deprives them of the privilege of running to balls, parties and other amusements, as has been their custom; and they will either turn them over to the care of an hireling, to get along as best they may, or attempt to nourish them when the maternal font has become contaminated by the influence of undue stimulants, improper food, and the effects of physical prostration and fatigue. The wonder is, not that the infants ultimately nurse the seeds of disease, but rather that they do not become diseased and die sooner than they do.

Another cause of the early death of infants may be found in the marriage of diseased parents, who must produce but feeble offspring, coming into life with diseased systems and enfeebled constitutions, without the usual powers of resistance. Thus, like the feeble plant exposed to the storms, or the tender tree at whose roots the worm is at work, they fall early victims to those diseases, the elements of which have been incorporated into their very natures.

Another cause of the evil we are discussing, may be found in the unwise, not to say unnatural marriages between persons too nearly allied by kindred. The results of such marriages, as the statistics inform us, are deaf mutes, mental imbecility, or idiocy, or some other striking peculiarity, with which physicians are more or less familiar. Such die early, or else live a living death; as they are beyond hope of recovery, they are dead to themselves and the world. If cases are found where such marriages do *not* produce such results, they are but the exceptions, and prove the rule.

Another cause of early deaths may be found in the habit of administering improper aliments at an early age. We should not refer to this were it not so common, and the so frequent cause of disease and death. It would seem that the

natural liabilities of the infant to an early death were sufficient to awaken care and responsibility, without throwing upon its system a load which it is poorly prepared to sustain.

Offspring begotten while the parents are under the influence of intoxication, we are told, are liable to be puny and feeble at least, if they do not inherit greater and worse troubles; and how many from this cause, find an early grave, it is impossible to tell.

We have said nothing as yet with regard to still births, which in the year of the "Returns" already quoted amounted to 1,046, or one to every thirty-three births. This diminishes, of course, the number from which to recruit the ranks of dying infants, and takes from the aggregate of births and places them to the account of infant mortality.

Another cause of depletion of the ranks of infancy may be found in the deaths, by accident, and in some few cases design, of those who were marriageable, and who, in all probability would become mothers, and those who *were* married, and who would as a natural consequence, have been called to sustain the maternal relation. Taking the returns of our own State in one single year, we find that a total of one hundred and sixteen adult females passed out of life in the ways above referred to, who, had they been spared, it is but reasonable to suppose would have added their quota to the infantile population.

One other item must in justice be added to our account, and that is, the number of females, (which is by no means very small,) who, from disappointment in love, from natural choice, or from an aversion to the married state, never contract that relation, although in all physical respects competent to sustain that of maternity. Here we find another cause of diminution of the infantile population.

We come now to speak of the last cause that we shall notice, of the decline of our infant population, and that is criminal abortion, which now seems to have become a common every day affair. This is not confined to the single, who become illegally pregnant, but it is common with many married women. Few know how common is the crime of foetal destruction; and many a physician's experience is full of instances wherein he has been solicited to become a *particeps criminis* in this unholy and illegal "slaughter of

the innocents." It is with pleasure that we record to the credit of numerous physicians, possessed of sterling integrity, who withstand the temptations placed in their way, and utterly and absolutely refuse to be connected with such criminal proceedings ; but it is feared that there are too many who are less scrupulous, and who are so weak in moral integrity that they fail to resist the temptations and importunities with which they are assailed. The effects of these abortions upon the infantile census must be apparent to every mind.

The points which we have presented may be assented to, and the positions may be considered tenable and just by all,—but the great question arises, "how can these things be prevented?" When we have arrived at a just solution of this question, we shall have untied the gordian knot. We all see the danger, but how shall we shun it?

We have long been convinced that it is useless for one individual to expect to reform the world, and it is not a feasible project for him to undertake. Still, one man can do something, but many, acting in concert, can do much more.

There are certain duties devolving upon medical men which cannot be neglected without incurring some degree of criminality, which duties, if honestly persisted in, may result in much good. In all doubtful cases, or where we are led to believe that there is a disposition to shirk maternal duties in regard to the care of the infant offspring, an earnest appeal to the mother, by the physician, may exert a happy influence. When a mother is fully persuaded that by neglecting the proper care of her child, and by thrusting it from her into the custody of a nurse, she is laying it liable to take on disease, and exposing it to a death from which her care and nursing might save it, she will hardly be likely to persist in her unnatural course, in defiance of the advice, and wise suggestions of her medical attendant. At all events, we should scrupulously perform *our* duty in this matter, and thereby absolve ourselves from all responsibility; We should, as far as it is in our power, discourage all matrimonial alliances between parties who are diseased. The physician is sometimes consulted by those who contemplate marriage, especially the male sex, in regard to the propriety of matrimony while laboring under any disease that may at the time be present.

Upon such occasions the advice should be frank and open, faithfully setting before the inquirer his actual condition, and the probable influences which his disease may exert upon his offspring, should he chance to have any. It is not to be expected that one who shall enter the marriage relation with a broken down constitution and an enfeebled condition of body, laboring perhaps under some taint of former troubles, can be the progenitor of healthy and promising offspring. Far from it. The great weight of probability preponderates in favor of the position that such infants will be born with weak and feeble constitutions, and will bring into the world with them the seeds of early death.

If, by our influence, we can prevent, by wise and judicious counsel, such unholy alliances, we are performing an important duty as conservators of the public health and its future welfare.

If we would do still more in our attempts to arrest this flood of infant mortality, and take away, in some degree at least, the power of *preventing* the increase of our infant population, let us set our faces as flint against the crime of abortion, and discountenance and declaim against the prostitution of a noble profession to such a base, ignoble and criminal purpose.

Such are some of the duties devolving upon us as honorable members of the profession. Whether others shall view this whole subject in the light in which it addresses itself to our mind, we know not; but if the imperfect manner in which it has been presented, shall enlist the feelings of others, and lead them to a fuller expression of them, the object of the article will have been accomplished.

VALUABLE PROPERTIES OF TEA AND COFFEE.

The extensive use of these articles throughout our country is the best proof of their popularity, and, when used with due discretion, they are doubtless beneficial. One great evil has been the inability to procure these articles in their purity; but of late years this difficulty has been in part removed by those, who have set up establishments for special dealings in them, so that now no one is obliged to consume an inferior or adulterated article. Penuriousness may induce persons to purchase articles of inferior quality, but if injurious effects result from their use, the blame should fall upon themselves, and upon the inferior articles they purchase.

These agents act medicinally, therefore they should be pure. It is known to medical men, that tea, in its moderate and regular use, supplies a necessary stimulus, and revives and refreshes the powers of the mind, It also often relieves oppression at the stomach, and pains in the head. Among those who condemn the use of tea, are likely to be found those who have injured themselves by its injudicious use as regards frequency and strength. The unwarrantable abuse of an article affords no just argument against its proper use. Coffee is also a useful medicinal agent. Some medical men affirm that it is a prevention against malaria. It possesses anti-spasmodic virtues, and with the hysteric and hypochondriac it is a favorite beverage.

In Havana, in cases of rupture, (*hernia*) coffee has often been used to reduce it, It is used thus: upon half a pound of roasted coffee is poured twelve cups of boiling water, and of this a cupful is taken every fifteen or twenty minutes, until eight cups are taken; after which, half an hour should elapse between each dose. It is said that spontaneous reduction of the hernia will generally take place before the coffee is finished, A strong decoction of coffee is recommended on good authority, to be given in severe cases of neuralgia, at

the beginning of the paroxysm. In my own experience I have found it useful.

Dr. Barbier affirms that roasted and ground coffee possesses remarkable properties as a disinfectant.

There are many cases that might be enumerated where these agents are medicinally used with benefit, but space will not admit of detail.

Suffice it to say, that either article, when medicinally used, should be pure, and when used as a beverage, their purity is equally important. H.



IMPERIAL GRANUM.

A competent medical authority of our acquaintance has borne to us high testimony, from his personal observation, of the excellent service which Imperial Granum has rendered in case of Diarrhoea or Inflammation of the Stomach. The secret of its action is simply that its value arises from nothing more or less than the nutritive element of selected wheat. All the other elements, and that effete matter of the grain which occasions so much labor to the stomach in digestion, are eliminated. For years the chemists of the world have been trying to isolate the nutrition of grain, and have at last succeeded in producing this incomparable dietetic preparation and delicious food. In almost all diseases of the stomach and bowels, it must act like a charm, as it is assimilated at once, the system being strengthened, and the strength kept up, without the least effort of the diseased organs, which, being allowed to rest, the cure is only a question of a few days. To many, during hot weather, particularly children, this food will be invaluable. The faculty are fast becoming acquainted with its virtue, and in many parts of the country it has already become their chief reliance in treatment of diseases peculiar to the summer season. To those of the faculty not acquainted with it, we commend a trial. -*The Medical Brief.*

THE OPIUM HABIT.

A very interesting address was delivered at the Berkeley Street Congregational Church recently, by Hon. Chester Holcomb, of Peking, China, who took for his subject "Opium the Curse of China." Mr. Holcombe is United States secretary of legation at Peking, and his address shows an intimate acquaintance with the matter in hand. As this is a subject of great interest to the medical profession, as well as to the public, the principal portions of his address are here produced, taken from a very clear and able report by the Boston Herald.

Mr. Holcombe opened by remarking that there are in the history of the use of opium in the empire of China many facts which have hitherto been unknown to the residents of the American continent. It is impossible to definitely fix the date at which opium was first used in China. The educated classes use it in far greater proportions than do the poorer and more ignorant. Of 500 Chinese students on board a certain ship on which the speaker was recently a passenger, 163 were smokers of opium. Of the 200,000,000 inhabitants of the Chinese empire there are over 2,000,000 who habitually use opium. The effects of this drug are similar to those produced by intoxicating liquors, only they are more hopeless of cure, and more frequently fatal. It is seldom that the habit is ever shaken off, and authorities on the subject assert that attempts to break off from the use of this drug are nearly always fatal.

The only cure which eminent Chinese physicians admit to be possible is a sort of solitary confinement, with the strictest regimen and habits. The speaker reviewed the circumstances attending the so-called "opium war" in China, when large quantities of the drug were seized by the Chinese authorities and destroyed. It was not until 1858 that opium was, by treaty, allowed a legitimate introduction into China. Since that time, however, opium has been imported as freely as

cotton and other merchandise, though foreigners are forbidden, by acts of treaty, from participating in the traffic. China departed from her rule of non-intercourse only when forced to do so at the point of the bayonet. Shortly after the treaty was made between Great Britain and China this government succeeded in negotiating the first treaty between Japan and the United States. This latter treaty contained one important clause, which has done more than any other one thing to bring about the rapid development and commercial success of Japan. This clause provided that the general traffic in opium should positively be forbidden, no ship being allowed to carry more than three pounds of the drug, and then only for medicinal purposes. While Japan is eager to adopt foreign institutions, the Chinese people are suspicious of everything that is new to them. The Chinese felt aggrieved at what they termed the unwarranted assumption of authority and power by the Roman Catholic missionaries. This has, however, changed, and today Catholic missionaries are content to use the same means and channels as do those of other creeds, in their efforts to spread the gospel. The coolie trade is also absolutely crushed out, and the only national curse which now remains is the opium traffic. There is a pathetic side to the history of the Chinese in their efforts to rid themselves of this opium curse. Year by year the importation has been on the increase; day by day the area of territory in India devoted to its cultivation is constantly being enlarged, and the amount consumed is every year becoming larger. The speaker detailed the methods by which opium was smuggled into China during the years when, under treaty, its importation was strictly prohibited. So enormous were the proportions of this smuggling traffic that the government began to consider the advisability of legalizing its importation, and a duty equal to \$45 on every 145 pound avoirdupois was fixed. The United States duty on the same quantity is \$870, or \$6 per pound. An attempt to raise the duty from \$45 to \$70 has not yet been successful. The speaker took opportunity to contradict the widely-quoted assertion that the opium article, as found in the Chinese treaty, was in any manner conditional upon the immigration question embodied in a subsequent treaty.

The recent treaties between the United States and China

will be of great value to both nations. China, from her ignorance of politics, stands in need of tutorship and advice. China has never forgotten or forgiven the United States for combining with Great Britain in 1858 in an attempt to force her to formally legalize the importation of opium. The main reason of the difference between the progress of China and Japan is found in the opium question, and it is a fact that the opium trade is, with, perhaps, a single exception, the greatest foe to the progress of Christianity in China. It has been said that American ships sailed to the East with whiskey in the hold and missionaries in the cabin; that the missionaries came with a ball of opium in one hand and a Bible in the other. The Chinese do not love those who furnish opium to them, and, in fact, formal protests to every foreign power remonstrating against the opium traffic have been issued by China. The time has now come for the delivery of the Chinese people from this curse. It has been said that China did not want to get rid of it, and that she has given up the raising of coffee, and grows opium instead. This is true, but it is done only as a protective measure. The speaker submitted the startling fact that the total receipts of the Chinese nation for exportations of silk and tea are more than used up every year by them in the purchase of opium. The speaker did not wish to cast any reflections upon the government, but believed that China needs the sympathy of all Christian people in their efforts to free themselves from this curse. It is due to the memory of the late Czar of Russia that, fifteen years ago, he issued a decree forbidding Russian merchants to have anything to do with the opium traffic, and only those who have had clean hands have been Russian subjects living in China. The speaker concluded by assuring his hearers that the Chinese are earnest in their efforts to rid themselves of the opium habit, and called for all the moral, social and political assistance which enlightened Christians can render.

DYSENTERY.

This disease is usually confined to summer and autumn, and is considered to be an inflammatory condition of the mucous membrane of the large intestines. It may arise from specific contagion, or from peculiar conditions of the atmosphere, or from the consumption of improper or unwholesome food, and from other causes not necessary to mention.

Among the curative agents to be employed, one physician extols the "Geranin;" he affirms from his experience that this agent removes the acid secretions, moistens the skin, increases the flow of urine, and arrests the muco-sanguineous discharges. Balsam Copaiba, and also the Tincture of Catechu, are extolled by some, as is Pulverized Charcoal, as this latter agent is said to produce a good effect in preventing the putrefactive process. Another physician recommends the "Benne Plant," and another "Kinovic Acid." This latter agent is said to be a direct promoter of vitality, especially upon the intestinal secretions, causing an abatement of peristaltic action, and therefore is very useful in dysentery and diarrhoea.

Milk is also extolled by some. A Dr. Clark speaks boldly of its successful use in the East Indies in cases, not only of dysentery, but also in violent diarrhoea and incipient cholera. The milk should be used warm, but never be boiled.

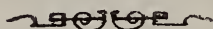
Minced raw beef very fine, has been highly recommended. It should be given two teaspoonfuls at a time, once in four hours, using nothing else meanwhile.

The ipecac treatment, once so popular in this country, is still adhered to by some physicians.

Dr. Perrins of Boston has had good success with a combination of Sulphite of Soda,—Leptandrin and Morphia.

Among the new remedies, several have been spoken of as applicable to this disease, and as having claims sufficient to warrant a trial of them. Of these are the "Dyospyros Kaki,"

which claims to be almost a specific in dysentery ; Coto Bark, said to be useful in all cases of a relaxed condition of the bowels ; but further trials of these agents will better establish their reputation.



THE USES OF CREOSOTE.

This agent has latterly grown into great repute, and maintains a somewhat important position among the medicinal articles of the present day. It is frequently used as a remedy in toothache, and has many times proved very successful. In cases of slight scalds it has been found eminently serviceable, in that it arrested suppuration, and promoted the healing of the sores.

In scrofulous, aphthous, phagedenic and venereal ulcers it has produced the most marked effects ; and in chilblains. Dr. Hahn affirms that it effects a cure in a few days, when applied as a lotion, mixed with water, and this whether ulceration has taken place or not.

Its use has been further recommended in salt rheum, in severe vomiting, and typhoid fever. Touching this last disease, Mr. Morache, a French physician, remarks, that this disease appears to be due to the introduction of a virus, which doubtless acts as an effusion or a ferment ; and that, while theory would suggest the value of an application of creosote, the result of actual practice indicates the propriety of its employment, acting as it does upon the ferment, and modifying, if not annihilating, the morbid effusion. The action of the creosote produces a diminution of the intensity of the fever, a diminution in the duration of the febrile action, and a diminution of the local and general typhoid symptoms, and causes favorable local action upon the digestive functions.

ABOUT POISONS.

There are many agents in use by physicians, which are medicines when given in medicinal doses, but which, in over-doses act as poisons. Some of these are comparatively old remedies, while others are more modern, and others again may be ranked among the new. It is proposed to refer to some of these, of each class, and to present such antidotal agents as may be used when poisonous results follow, whether taken by accident or design. Sometimes persons unskilled in the use of medicines will take over-doses, and most serious results will follow. This should impress upon all the danger of taking medicines upon their own responsibility, and without medical advice.

It is not proposed to classify these poisons, but to speak of them in the order in which they chance to come to hand.

Mushrooms. Dr. Letellier says that the poisonous substance in the mushroom is a fixed, non-crystallizable, narcotic principle, which he calls "amanitine." It is precipitated by iodine and tannin. From this he argues that the treatment for poisoning with this agent, is vomiting and purging, followed by a strong aqueous solution of tannin, say thirty or forty grains in a pint and a half of water, giving wineglassful doses every five minutes. Of course any poisoning by this agent would be accidental, hence the mushroom will fall into the class of accidental poisons, as it is never administered medicinally. Yet it is an accident liable to occur.

Opium and Belladonna. We have placed these two articles together because it has been affirmed that they are mutually remediable where either have entered the circulation in a poisonous dose. From this cause, if both be prescribed together, as with a view to lull cerebral excitement, the desired effect will not be produced, whilst, if either be given separately they will. In case of poisoning by opium give a solution of Belladonna,—say a drachm of the tincture every

half hour, or, if it cannot be swallowed, inject it subcutaneously. Conversely, if poisoned by belladonna, use opium. Several cases are recorded illustrating this subject. The usual remedies for opium poisoning, are free vomiting, warm drinks, cold water to the head, and some say vinegar. For belladonna poisoning, it is recommended to excite free vomiting, to give lime water, infusion of galls, brandy, etc.

Phosphorus If swallowed in substance dislodge it by free, quick vomiting. If taken in solution, large draughts of magnesia and water. Certain French chemists claim to have found an antidote in turpentine.

Chloral and Strychnine. These two agents are presented together because it is asserted that they are antidotal to one another. A German writer has declared that Chloral Hydrate is an antidote to the poison of strychnine, and that Strychnine is an antidote for a poisonous dose of chloral. In case of poison by strychnine it is recommended to give milk freely, and also to administer thirty grains of Chloral Hydrate.

Ivy Poisoning. This comes under the head of accidental poisoning. In such a case, it is recommended to bathe freely the parts affected with spirits of nitre. If the blisters are broken so as to allow the nitre to penetrate the cuticle, more than a single application is rarely necessary, and even where it is applied to the surface of the skin three or four times a day, it is affirmed that there is rarely a trace of poison left the next morning. Other remedies recommended are brandy and whiskey, with counter-irritation to the spine and extremities.

Camphor. There are instances of poisoning resulting from the use of this agent. A case is recorded of a lady who took but fifteen drops of the tincture of camphor which was followed with strong convulsive fits resembling epilepsy. Many persons, especially some females, are in the habit of using the gum with a quite too liberal hand. The usual antidotes for a poisonous dose are emetics, and, when the poison is ejected, then wine and opium.

Gelsemium. This agent taken in an over-dose is a poison. In such a case it is recommended to mix one drachm of Carbonate of Ammonia, with two ounces of water, and to give a teaspoonful every hour. It is also advised to give one-tenth of a grain of Strychnia in an ounce of brandy every

two hours, until four doses are taken, when it should be discontinued if the toxic effect of the gelseminum is subdued. Whiskey, hypodermically administered is also said to correct the toxic effect of an over-dose of this agent. Which is the best remedy to be used, experience alone can decide.

Carbolic Acid. A case was reported a very few years ago, which stated that a woman, about forty years of age, swallowed about four ounces of crude Carbolic Acid. The stomach was at once thoroughly washed out, and a pint of Olive Oil put into it. There was much prostration, but under stimulants, milk, ice, etc., she gradually recovered in about a month after the accident. Another remedy which is recommended in poisoning by this agent, is a strong solution of Saccharate of Lime.

Santonin. Prof. Binz reported a case of poisoning with this agent, the patient being a child about two years old, who had taken a grain and a half of Santonin. Violent convulsions set in, beginning in the face and extending to the extremities, and respiration was much impeded. The means used to recover the patient were warm baths, vinegar enemata, a plenty of fluids to drink, and artificial respiration. No report of the result of the case was seen, as it was then under treatment

Aconite. This is rarely if ever used for suicidal purposes, but persons sometimes get poisoned by an over-dose. To subdue the toxic effects give an emetic to excite quick and free vomiting; brandy one ounce to milk three ounces, as an internal stimulant, and use external stimulants also. Acidulated drinks are also recommended.

Veratrum Viridi. There are occasional cases of poisoning by this agent, but they are rare except where inexperienced persons presume to administer it upon their own responsibility, which should never be done. The accepted antidote is laudanum in full doses, given in strong coffee.

Stramonium. In poisoning by this herb give at once an emetic to produce quick and free vomiting; then use diluent, mucilaginous, and acidulated drinks. If there is much prostration, strong coffee or tea.

The Bean of St. Ignatius. Where poison results from the use of this agent, a quick emetic should be given; use Tannic

Acid freely ; and if there are spasms let the patient inhale chloroform or ether.

Laurel. There are occasional cases of poisoning by sheep laurel, but this falls more properly into the class of accidental poisons. The principal remedies are brandy and whiskey, and counter-irritants to the spine and legs.

Savin Oil. This agent is usually taken with a purpose, and cases of poisoning from it are not infrequent. The throat should be irritated sufficiently to excite free vomiting ; mucilaginous liquids are to be used very largely ; and the subsequent treatment should be antiphlogistic.

Fish Poison. These cases sometimes occur, but they are not very common. Lobsters and Mackerel sometimes, under certain circumstances have produced poisonous effects. The best remedies will be found to be emetics, large draughts of warm water to promote emesis, after which vinegar and water. If spasms should occur, the best agent is laudanum, or morphine.

Arnica. This agent is not commonly used internally ; it is mostly an external application. In large doses it is poisonous, and there have been a few cases of it. It is important to give an emetic at once which will produce quick and full vomiting. The subsequent treatment consists principally of some vegetable acid.

Digitalis. In an over-dose this agent is poison. The stomach and intestines become inflamed, dizziness in the head, and sometimes convulsions, are among the effects of poisoning. No time should be lost in giving emetics that will operate quickly and freely. Some recommend the use of Tannin. Stimulants, external and internal should be used freely.

The toxic character of some of the principal medical agents have here been presented, but neither time or space would admit of referring to some other articles which it would have been desirable to consider. The subject must rest here for the present, to be resumed perhaps at some other time.

B. G. H.

SICK ROOM VISITATION.

The *Country Practitioner* makes the following timely remarks on the above subject :

“One of the greatest nuisances against which the country practitioner has to contend is the visitation of sympathizing neighbors to the rooms of his patients. In the country, people are acquainted for miles around, and every case of severe sickness, every confinement, and especially every surgical case, is an object of general interest, either through sympathy or curiosity. It is a difficulty hard to combat, since, excepting obstetrical cases, it is not the custom in the country to employ regular nurses for the sick. Such attendance as the family are unable to give is volunteered by the neighbors, and hence the patient is exposed to quizzing, news-telling and medical advice of a new attendant every night. It is wonderful what an amount of medical knowledge the people possess. Each attendant can inform the patient of some positive cure for his ailment, and many times induce him to try the remedy. Very frequently, too, the patient is impressed with the superior qualifications of some medical man other than the regular attendant, and at all times, through these varied accomplishments of his attendants, kept in a condition of nervous unrest that prolongs and exaggerates the case. Again, these night-watchers generally go in couplets, and in order to keep awake spend the night in gossip about the crops, the people, the marriages, the deaths, wonderful cases of disease similar to that of the patient, and, if masculine, even politics. During all this the patient tosses and tumbles in the vain effort to obtain sleep and rest.

“Still another class insist upon visiting the sick out of sympathy. These are the most difficult to manage. Each deems himself or herself a privileged character and must be admitted. In my younger days, when I was afraid of offending prospective patients, I have had frequent cases of

puerperal fever brought on by half a dozen women gossiping in the lying-in chamber. That time is past, and the visitor that enters such a chamber under my control at the present time never cares to repeat the offense. The whole system of sick-room visiting should be prohibited, no difference what the ailment—if it is sufficiently severe to keep the patient in a room. None but the immediate family—and only such of those as are of use—and the necessary attendants (these to be changed as seldom as possible) should be admitted. Rest is admitted by all to be one of the greatest aids to recovery in all kinds of sickness, and a paramount importance in convalescence from labor; I use the word convalescence advisedly, for under no circumstance is the patient a sick woman after natural, uncomplicated labor, unless she is made so by neglect, want of ventilation, want of rest or officious interference on the part of nurse or friends. In conclusion, every physician who values the lives of his patients, or his own reputation, should constitute himself the sergeant-at-arms of the sick room, issue his positive orders and see that they are carried out.” —*Chicago Medical Times*.

PODOPHYLLIN AS AN ALTERATIVE.

In doses of one-twentieth or one-thirtieth of a grain night and morning, podophyllin is useful in cases like the following: A busy, worried, over-worked man, who takes perhaps too little exercise, feels all day, but especially in the morning, dull, depressed, his mind inactive and indolent, and he is irritable. He has perhaps a stupid feeling; he is often bilious-looking, and is dark around his eyes. Now these symptoms no doubt often accompany sluggish bowels, and can be relieved by any purgative, but they not uncommonly occur when the bowels are regular, and the motions natural in color. In such cases, a small non-purgative dose of podophyllin is most serviceable. It may be made into small pills, or dissolved in spirits, in the proportion of one grain in two drachms, and six drops of this taken night and morning in tea or coffee.—*Chicago Medical Times*.

DIABETES.

A profuse discharge of urine of so long continuance as to become permanent, the fluid having a sweetish taste, is generally defined "diabetes." The disease approaches so slowly, that generally it is not noticed for some time. The urine, which is frequently discharged, is at first clear and insipid, but afterwards it becomes sweetish. The quantity discharged often exceeds a gallon in a day. After a time there ensues general debility, emaciation, pain and weakness in the back and loins, and other symptoms with which every medical man is familiar.

The abuse of medicines which act upon the urinary organs, intemperance, exposure to a cold, moist air, &c, are reckoned among the causes of this disease.

It is formidable in its character, and when the writer of this was a young practitioner, say some thirty-five years ago, the disease was considered by not a few of the profession, as promising but little encouragement in yielding to medical treatment. But at the present day the profession seems to be blest with ample means for combating this disease, and cases are not now looked upon with as much fear as to results, as formerly.

There are several medicines which have proved more or less successful, which are certainly worthy of trial, and which are commended to my fellow-practitioners.

With some, the following formula has proved highly serviceable: Pulv. Opii. grs. x, Mucilage of Acacia a sufficient quantity to make into 12 pills, of which one is to be taken twice a day. In connection with this the Tincture Muriate Ferri, is to be exhibited in ten drop doses, twice a day.

The fluid extract of *Lycopus Virg.* (Bugleweed) in doses from 30 to 60 drops, is also highly recommended.

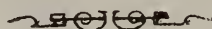
The following preparation will sometimes be found very

useful: Tinct. Mur. Ferri, two drachms, Sulph. Quinine grs. 8, Tinct. Opii 90 drops, and water six ounces. Of this mixture two tablespoonfuls are given every four hours. It has been said, that the "Permanganate of Potass" is a valuable remedy in this disease, as it destroys (by oxidation) the sugar in the blood, maintains the animal heat, and aids nature in rectifying the morbid change incidental to the disease.

Dr. John Day records a case of diabetes which had resisted all ordinary treatment for three years, which rapidly yielded under the influence of the "ethereal solution of the per-oxide of hydrogen," given in half drachm doses, mixed in an ounce of pure water, three times a day.

M. Guyot Darmecy recommends "Citrate of Soda" in daily doses of half a drachm to one drachm, as an excellent remedy in this disease. It has been shown by analysis, that sugar disappears from the urine when this salt is used with the food instead of common salt. It is also known, since the researches of Woehler, that the alkaline salts of organic acids, when given in doses too small to produce purgative effects, are absorbed, and their acid being burnt up in the respiratory process, are eliminated by the urine as carbonates. Hence, "Citrate of Soda" may, without interfering with the gastric acid in the same way as alkaline carbonates, place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food. The efficacy of this remedy, and its superiority to the prolonged administration of bicarbonate of soda, have to be proved by clinical experience.

The above theory is certainly ingenious and interesting, and is worthy of professional consideration. G.



PULMONARY CONSUMPTION.

Dr. William Budd, an eminent London physician, gives the following as the principal conclusions to which he has been led, regarding phthisis or consumption, and tubercle: First. That that tubercle is a true zymotic disease of a specific nature, in the same sense as typhoid fever, scarlet fever, typhus, etc., etc. Second.—That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession. Third.—That the tuberculous matter itself is (or includes) the specific morbid matter of the disease, and constitutes the material by which consumption is propagated from one person to another, and disseminated through society. Fourth.—That the deposits of this matter are therefore of the nature of an eruption, and bear the same relation to the disease as yellow fever, for instance, bears to typhoid fever. Fifth.—That by the destruction of this matter, on its discharge from the body, by means of proper chemicals or otherwise, seconded by good sanitary conditions, there is reason to hope that we may eventually, and possibly at no distant time, rid ourselves of this fatal scourge.

The ground on which Dr. Budd founds these views are: First.—The pathology of consumption, which he thinks shows a specific cell proliferation. Second.—Indisputable instances of personal contagion. Third.—The geographical distribution of consumption, the disease extending to newly discovered peoples in proportion to their intercourse with Europeans,—for instance the South Sea Islanders, the North American Indians, and the African, among whom consumption was unknown when they were first visited by the whites, though it has since proved extremely fatal. Fourth.—The relation of consumption to high and low levels is the same as that of ordinary zymotic, epidemic, endemic, and contagious diseases. Fifth.—Consumption prevails extensively in convents, harems,

monasteries, penitentiaries, just as do the zymotic diseases.

Dr. Budd says that the idea first occurred to him in 1854, and his investigations since have confirmed him in this hypothesis, for which he claims the superiority over all others, that it explains all the facts of consumption.

Dr. Crisp, another English physician asserts that consumption seems to follow the march of civilization, and its prevalence has a direct connection with population, and the artificial habits and the vitiated atmosphere in which they live.

According to experiments made by Dr. Delafield, tubercle may be propagated by inoculation from man to animals.—*Annals of Science.*



SALICYLIC ACID—A CAUTION.

The Boston Journal of Chemistry some time ago contained an article purporting to have emanated from M. Blandeau of Paris, wherein he states that, according to dentists, this agent has injurious effects on the teeth. English observers have noticed its effects on the bones, and necrosis of the tibia has been assigned to its use. It evidently possesses considerable affinity for the calcareous salts of bone, as we see the urine loaded with lime salts in the ultra-physiological proportion, from the internal use of this acid. If these facts are confirmed, the therapeutical employment of salicylic preparations should be condemned. To the above statements we may add those of Prof. Bartholomew of Maryland, who says, some stomachs cannot bear this acid; if it depresses the heart it must be stopped. If it produces no improvement in three or four days, it is useless to persist in its administration.

MAMMARY ABSCESS.

There is scarcely any difficulty which a lying-in woman dreads more than she does a milk abscess, as it is called. The reputation of the physician and the comfort of the patient, both urge to the prevention of such an evil, if it is possible.

The inflammation which precedes this event takes on the suppurative process with great certainty as well as great activity, unless timely measures are taken to prevent it, and even these are not always successful. One physician, of a by no means limited experience, has recommended an ointment composed of tobacco ointment, two ounces, powdered camphor, two drachms, and extract of belladonna, one drachm and a half. He says the tobacco ointment itself is a good application, but the camphor renders it more agreeable to the patient; not only in some measure counteracting the unpleasant odor of the tobacco, but probably adding to its curative powers. It frequently affords relief even after the acute, lancinating pain and chill, which characterize the beginning of the suppurative stage have been developed, and the tumor presents that glazed appearance which precedes the pointing of the abscess.

Dr. Scobery says of milk abscess, my treatment consists in the local application of vinegar, as *hot* as the patient can bear it, and the exhibition of Dover's powder in fifteen grain doses until narcotism is induced. He further adds, I have invariably found that as soon as perspiration is induced, the pain and intumescence subside, and suppuration is prevented. I move the bowels the following day. Such is the general outline of his treatment without entering into details.

Sometimes an inflammatory condition of the breasts will occur after delivery, preceded by pain, hardness, and swelling. In such cases hot vinegar will be found highly serviceable. Some try drawing the breast, but if the milk does not readily come away, it is best to cease further attempts. Rubbing with olive oil is also beneficial; but if the pain and hardness

do not subside, and the breast *must* go on to suppuration, it should be aided by suitable poultices.

Sometimes hardness will remain after the healing; in such cases the rubbing with oil comes in with good effect.

It may be proper to allude to the nipples, which not unfrequently become the seat of disagreeable and painful difficulties. They are liable to be injured by the child's mouth, or by friction against the clothing at a time when they are very sensitive and sore. In such cases the tincture of catechu is very good; also a wash composed of equal parts of powdered alum and tincture of galls. When the nipples crack and bleed, then a mixture of glycerine and tannin will be very useful.

These remedies may not be new, but their frequent efficiency entitles them to a trial.



FISH EATING.

There is much nourishment in fish, little less than in meat, weight for weight; and in effect it may be more nourishing considering how, from its softer fibre, fish is more easily digested. Moreover, there is in fish a substance which does not exist in the flesh of land animals, namely, iodine; a substance which may have a beneficial effect on the health, and tend to prevent the production of scrofula, &c. Comparative trials have proved that in most fish the proportion of solid matter—that is, the matter that remains after perfect digestion, or the expulsion of the aqueous part—is little inferior to that of the several kinds of meat, game or poultry. If we give attention to classes of people—classes as to the quality of food on which they principally subsist—we find that the fish-eating class are especially strong, healthy and prolific. In no class except that of fishers do we see larger families, handsomer women, more robust and active men, or a greater exemption from scrofulous or tubercular disease.

MASS. ECLECTIC MEDICAL SOCIETY.

This Society held its twenty-first annual meeting at the Revere House, Boston, June 2nd and 3d, the President, John Perrins, M. D. of Boston in the chair. A large amount of business was transacted, a synopsis of which is here presented:

Prof. A. J. Howe, M. D., of Cincinnati, O., and Prof. Alexander Wilder, M. D., of Newark, N. J., were elected to honorary membership, and their letters of acceptance were read. H. F. Gleason, M. D. of Candia Depot, N. H. and A. W. Forbush of Charlestown, Mass., having passed the Board of Councillors, were admitted to membership.

The resignation of A. W. Sidney, M. D. of Fitchburg, was read and accepted. Dr. Campbell of New Britton, was introduced as a representative of the Connecticut Eclectic Medical Society.

Drs. Alexander Wilder, and Yulverton were introduced and made very interesting remarks.

The deaths of William Geddes, M. D., of Keene, N. H., Moses B. Kenney, M. D., of Lawrence, Mass., and John D. Mason, M. D., of Boston, all members of this Society, were duly announced, and committees were appointed to present suitable resolutions.

The following papers were read: "Report of a Case of Emphysema," by Robert B. Carswell, M. D., of Amesbury.—"Some of the Reminiscences and Conclusions drawn from an Obstetrical Practice of Twenty-Two Years," by C. E. Miles, M. D., of Boston.—"Treatment of Disease without Medicine," by H. H. Brigham, M. D., of Fitchburg.—"Scarlatina," by J. P. Bills, M. D., of Pocasset.

E. E. Spencer, M. D., of Cambridgeport delivered the annual oration, taking for his subject, "Some of the Future Possibilities of Medicine," for which the speaker received the thanks of the Society, and a request of a copy for publication.

The dinner, which was served in good style and taste was presided over by Milbrey Green, M. D., and Rev. George Converse officiated as chaplain.

The speeches at the table were remarkably good, and were made by Drs. Spencer, Perrins, Jewett, Wilder, Miles, and by Rev. Mr. Converse, and editor Cobb of the *Boston Home Journal*. Letters were read from Hon. H. W. Fuller, from Vice-President Orde, and President B. F. Stacy, M. D., of the Mass. College of Pharmacy, and from Prof. A. J. Howe, of Cincinnati, Ohio.

During the transactions of the Society, the following elections and appointments took place :

Delegates to the several State Eclectic Medical Societies ;
Maine,—Drs. J. B. M. Dickens and R. B. Carswell. New Hampshire,—Drs. R. W. Geddes and A. J. Marston. Vermont,—Drs. A. Jewett and W. Wyman. Connecticut,—Drs. H. D. West and H. W. Buxton. New York,—Drs. J. S. Andrews and C. Lloyd. Ohio,—Drs. M. Green and F. L. Gerald.

Delegates to the National Eclectic Medical Association :
Drs. N. Jewett, M. Green, A. Jewett, H. G. Newton, C. Lloyd, E. E. Spencer, C. E. Miles, and A. J. Marston

At a meeting of the Executive Committee, the following were among the principal matters passed upon :

VOTED, That the next annual and semi-annual meetings be held in Boston

VOTED, That John Perrins, M. D. of Boston be the orator at the next annual meeting.

VOTED, That E. E. Spencer, M. D., be the next Anniversary Chairman.

VOTED, That Drs. Green, J. Jackson and Merkel, constitute the Anniversary Committee

VOTED, That the Anniversary Committee be the Committee of Arrangements for the next semi-annual meeting.

VOTED, That Drs. Joseph Jackson and S. C. Ames be auditing committee for the year.

VOTED, That Drs. Gerald and Chase be the Committee on Essayists for the year.

VOTED, That Drs. Miles, Green, Gerald and Chase, constitute the publication committee for the ensuing year.

VOTED, That three hundred copies of the Annual Publication be issued.

VOTED, That the Librarian be instructed to furnish each member entitled to the same, three copies of the Annual Publication, twenty-five copies to the Orator, and twenty copies to the Recording Secretary.

Present Organization of the Mass. Eclectic Medical Society.

President—Nathaniel Jewett, M. D., Ashburnham.

Vice-President—J. D. Young, M. D., Lawrence.

Cor. Secretary—J. P. Bills, M. D., Pocasset.

Rec. Secretary—A. L. Chase, M. D., Randolph.

Treasurer—F. L. Gerald, M. D., Hyde Park.

Librarian—S. C. Ames, M. D., Boston.

Councillors—Drs. Spencer, Lloyd, Perrins, Joseph Jackson and Merkel.



ADULTERATION OF MEDICINES.

It is a matter of the greatest concern to the physician, that he be able to procure his medicines pure. Unless they are so he cannot look for, or experience reliable effects, and may often find his brightest anticipations blasted. The country physician, who largely manufactures his own medicines, possesses a great advantage over the city physician, who is obliged to receive his medicines upon trust, and is often wofully disappointed in the results he experiences.

The adulteration of medicines is an act deserving the severest censure, and it is highly important that all druggists should possess the knowledge and ability which shall enable them to decide whether or not they are dispensing a pure article.

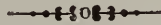
It is not proposed to go into any extended disquisition on this subject, or to attempt to point out the special articles that are adulterated, as this would require too much time and space. It is not charged upon the pharmacist that *he* adulterates the articles; if any such cases occur they must be extremely rare; but there can be no doubt that many adulterated and impure articles are purchased by the druggist, they being in the same condition in which they are received at first hand by the importer.

There is but little doubt that the iniquity lies back of the druggist and the importer, and should be placed at the door of those who have the first handling of the articles.

An inspector of drugs should be a thorough chemist and druggist; should inspect with care and fidelity the articles shipped to us for use, and their quality should be determined before they are allowed to pass into the hands of the apothecary, to be by him dispensed in response to the physician's prescriptions.

The inspectors of drugs should be first-class men in every respect; the office should never be a political one, but should

be filled by men of culture, veracity, and profound knowledge of their business,—employed by government, as they are, and should be handsomely and liberally paid for the service. It is a matter involving public health and life, and for such service as this office requires and demands, the incumbent cannot be too liberally remunerated.



EPISTAXIS.

Bleeding at the nose is sometimes a difficult trouble to handle, and will oftentimes tax the patience and ingenuity of the physician to their utmost. It is not an uncommon thing for young persons to be attacked with this complaint, but as it is rarely attended with any danger it is not the cause of much uneasiness. But when the subject of it is advanced in life, and the flow is somewhat copious, there is more cause for alarm. If the patient is in a debilitated condition, it is well to take immediate measures to suppress it. But which method is best to pursue in order to realize the result? We often try a variety of remedies, only to be disappointed as to their effects. There are quite a number of applications, some of which are sometimes successful, while at other times the hemorrhage is persistent in spite of all remedies. Of these various remedies some may be mentioned in detail. Pulv. Alum and Bole Armenia, of each fifteen grains, Pulv. Gum

Kino seven grains, and Red Oxide of Iron, thirty grains, thoroughly mixed and used as snuff, was successful in arresting a few most persistent nasal hemorrhage.

Another remedy is composed of equal parts of Powdered Alum and Gum Arabic; of this a portion was occasionally blown into the nostrils.

Another remedy that has been found useful was composed of Sulph. Zinci, one drachm, Acetate of Lead, ten grains, to ten ounces of water. This solution was injected into the nose as occasion required

Another injection, to be used in the same way, was composed of Powdered Alum, one drachm, Diluted Acetic Acid half an ounce, and Rosewater three ounces. This has been successful in several cases.

Cold water has been recommended, to be dashed in the face, and ice or iced water to be applied to the back of the neck.

M. Negier recommends that the bleeding nostril be compressed, and the corresponding arm to be raised perpendicularly, and kept in that position for two or three minutes.

Plugging the anterior nares with lint dipped in a strong astringent solution has been tried both with and without success. Some authors however, disapprove of the plan of plugging the nostrils, whilst others affirm that they have never seen a case that could not be controlled by this method.

When a discharge of blood from the nose takes place, the important point to determine is whether it ought to be stopped or not. The practice is quite common with many to stop the bleeding, without considering whether it be a disease, or the cure of a disease. Fear, doubtless impels to this course, but it is often bad, and sometimes fatal. In all such cases it is safest to have medical advice, as tampering with the difficulty may lead to unpleasant consequences.

MISCELLANY.

PERSPIRATION. Checked perspiration is the fruitful cause of sickness, disease and death to multitudes every year. Heat is constantly generated within the human body by the chemical disorganization,—the combustion of the food we eat.

There are seven millions of tubes or pores on the surface of the body which, in health, are continually open, conveying from the system, by what is called insensible perspiration, this internal heat, which, having answered its purpose, passes off like the jets of steam which are thrown from the escape pipes, in puffs of an ordinary steam engine. But this insensible perspiration carries with it, in a dissolved form, very much of the waste matter of the system, to the extent of a pound or two, or more, every twenty-four hours. If then, the pores of the skin are closed,—if the multitude of valves which are placed over the whole surface of the human body are shut down, two things take place. First, the intense heat is prevented from passing off,—it accumulates every moment,—the person expresses himself as burning up,—and then large draughts of water are swallowed to quench the internal fire,—and this is fever.

When the warm steam is constantly escaping from the body in health, it keeps the skin moist, and there is a soft, pleasant feeling and warmth about it; but when the pores are closed, the skin feels harsh, hot and dry.

PURGATIVES. When the bowels refuse to act regularly without the assistance of medicine, which is the case with many persons advancing in life, it is an error to order a purgative every day. The evacuation procured by medicine is generally so complete that a longer time elapses before the bowels fill, than after a natural stool; therefore the purgatives resorted to, whether an alvetic pill in the evening, or a saline aperient before breakfast, ought to be taken only on each

alternate day. Their contents ought to be permitted sufficiently to accumulate before the bowels are again urged to discharge their load; by this means the cathartic being more completely incorporated with the fæcal residuum. irritation and mucous stools will be avoided. If a purgative be taken when the bowels are completely empty, more frequent discharges will be obtained, but they will be less consistent and satisfactory, and griping and tanesmus, and perhaps hemorrhoidal irritation will be the consequence.

SMALL POX. Dr Silas Hubbard, of Illinois reports successful treatment of a severe case of this disease. He says the patient was a young man, who had never been vaccinated. During the main part of the sickness he took the following: Carbolic Acid, Laudanum and Vinegar, one drachm each, mixed with half a pint of water. Of this compound the dose was one teaspoonful every four hours. The pustules were wet freely once in four hours with a solution containing one part carbolic acid to one hundred parts of water. A solution of the nitrate of potassium was also freely administered. He amused himself, by my direction, by piercing each well-formed pustule on his face and hands with a penknife. The disease seemed cut short, and he made a very rapid and quick recovery.

The doctor further says, I have observed in a number of cases, that those who have had small pox do not take measles when exposed. I wish physicians would observe whether this is universally the case, and also observe whether recent vaccination prevents the contraction of measles, which I have some reason to believe it does -- *Peoria Medical Monthly*.

SANITARY EFFECTS OF SMOKE. On this subject an English writer has the following: Smoke being nothing more than minute particles or flakes of carbon or charcoal, the carbon in such a state is like so many atoms of sponge, ready to absorb any of the life-destroying gases with which it may come in contact. In all the busy haunts of men, the surrounding air, to a certain extent, is rendered pernicious by their excretions, from which invisible gaseous matter arises, such as phosphuretted and sulphuretted hydrogen, cyanogen, and ammoniacal compounds, well known by their intolerable odor. The carbon of smoke absorbs and retains these matters to a wonderful

extent. Every hundred weight of smoke probably absorbs twenty hundred of the poisonous gases emanating from sewers, decaying animal substances, and the like sources.

PRACTITIONERS IN FRANCE. The proportion of medical practitioners to the population has been declining in France as well as in England and Wales, of late years. In France, in 1846, there were fifty-one medical practitioners to each 100,000 of the population. In 1866 this proportion had declined to forty-eight, and in 1876 to forty. This decline is chiefly among the "officers de sante." The cause of this decline in France is ascribed to the law which prevents the doctor from dispensing his own medicines. The professions of medicine and pharmacy are kept entirely distinct, to the great inconvenience, often of medical men and the public.—*Medical Record*.—*New England Medical Gazette*.

BOILS M. Planat, having used Arnica in superficial inflammations, like erysipelas, boils, &c., was led to believe that arnica will abort the latter with great promptness. The arnica should be prepared in the following manner: Extract of fresh arnica flowers, ten grains; honey, twenty grains; powder of lycopodium, sufficient to make a paste of proper consistence to spread. This should be spread on adhesive plaster and applied to the boil. The plaster should be renewed every twenty-four hours, twenty-five to thirty drops of the tincture of arnica given every two hours, facilitates the cure.—*Phys. and Surgs. Investigator*.

FRUIT EATING. A London journal remarks. "When fruit does harm, it is because it is eaten at improper times, in improper quantities, or before it is ripened and fit for the human stomach. A distinguished physician has said that if his patients would make a practice of eating a couple of good oranges before breakfast, from February till June, his practice would be gone. The principal evil is that we do not eat enough of fruit; that we injure its finer qualities with sugar; that we drown them with cream. We need the medicinal action of the pure fruit acids in our system, and their cooling corrective influence."

CREMATION. The human body is, in general, so little prone to combustion that it requires a very considerable time, with even an abundant supply of fuel, to reduce it to ashes. Dr. Christison, the eminent medical jurist states, that the quantity of wood required to burn the body of an adult is about two cart loads. Among the Romans, so much wood was required to consume a body, that it was too expensive a mode of disposing of the dead to be adopted by the common people. The modern appliances at present in use, now makes it less expensive than a majority of the ordinary burials.

RINGWORM. Painting over the affected part with the Tincture of Chloride of Iron, several times a day, for two or or three days, is said to be almost a specific. Nitrate of Silver, twelve grains to the ounce of water has also been used with great success. It is to be applied occasionally with a hair pencil. Glycerine and Rectified Spirits of Wine, equal parts, well shaken together, and applied with a hair pencil twice a day, has also been recommended as very successful.

DEATH WORK. Cardinal Woolsey died of dysentery; Edward VI, of inflammation of the lungs; Queen Mary of dropsy; Oliver Cromwell of splenitis; Charles II. of apoplexy; William III of inflammation resulting from a fall from his horse; Mary, his wife, of small pox; Dryden, of gangrene resulting from ossification of the arteries; George I. of apoplexy; and George II. of a rupture of the right ventricle of the heart.

Is it So? It is recorded of Cruveilhier, that, while experimenting upon animals, he found that when mercury was introduced into any part of the general nervous system, abscesses in the lungs were induced; each enclosing a globule, the irritation occasioned by which was the cause of the purulent deposit; and when the mercury was introduced into one of the branches of the portal vein, similar deposits occurred in the liver.

COUGH. For the irritating cough, so harassing to many patients, nothing is better than frequent small draughts of warm water; and when the throat is inflamed, or the tonsils so swollen that swallowing is painful, a wet napkin covered

with a dry cloth should be put around the neck, and worn until relieved, re-wetting the cloth as often as it becomes dry. It should be wet in cool water.—*Medical Brief*.

SWEATING FEET. To some persons this difficulty is found to be exceedingly inconvenient to say the least. Many remedies have been suggested, but perhaps none is better than the following: Burnt Alum five drachms, Salycilic Acid two and a half drachms, Wheat Starch fifteen drachms, and Powdered Talc, fifty drachms. These are to be mixed thoroughly, and dusted on the feet, and in the stockings.—*Ex.*

PHTHISIS. The method of treating consumptive diseases with raw beef and brandy, is said to have been attended with wonderful results. It is claimed that it has been tried in two thousand cases, and in nearly all successfully. The patients increase in weight most remarkably. This treatment is also recommended in typhoid conditions.

WORTH A TRIAL. Dr. G. W. Timms, physician to the North London Consumption Hospital, says that an obstinate cough, with expectoration, in a member of a consumptive family, unaccompanied by much general disturbance, is most successfully treated by twelve or fifteen drops of dilute muriatic acid in an ounce of water every two hours.

A COCKLE BURR IN THE TRACHEA. Dr. J. G. McKenney was called to a boy fourteen years old who had drawn a cockle burr into the trachea, and was strangling. Before he could prepare for and perform tracheotomy the lad ceased to breathe. The trachea however was opened, the burr removed and resuscitation accomplished.—*Medical Brief*.

WITCH HAZEL. This is a very reliable remedy in chronic cystitis, catarrh of the prostate, hemorrhage of the bowels, and chronic purulent catarrh of the bronchi. For the first named affection it is almost a specific, especially where there is purulent secretion of the mucous membrane.—*Georgia Eclectic Medical Journal*.

HEADACHE. The following remedy has been recommended for this painful affection. Bromide Potassium, Pure Water, and Simple Syrup, of each two ounces, Tincture of Aconite

Root, one drachm. Of this mixture the dose is a dessert spoonful in some water every three hours until relieved.—*American Practitioner*.

MOSQUITOS. It is positively asserted that you may clear your room of these pests in the following manner: Take a piece of Gum Camphor about one-third the size of an egg, evaporate it by placing it in a tin vessel and holding it over a light, being careful that it does not ignite. The smoke will expel the insects.

LEAVENED BREAD. The method of making leavened bread was probably invented by the Egyptians, for it appears that the Israelites were acquainted with it after they sojourned in Egypt, but not before. It was known to the Greeks during the Trojan war, but the use of balm, or yeast, was discovered by the ancient Gauls.

DYSPEPSIA. In that form of dyspepsia, accompanied by fermentation with the rapid disengagement of large volumes of gas after meals, the most satisfactory remedy is chloroform, in the dose of fifteen to twenty drops in a little syrup. After a few moments the gas is expelled from the stomach and fermentation is arrested.—*Times*.

SCURVY. M. Prussack, a Russian physician and naturalist, has apparently proved by injection of salt into the blood-vessels of animals, that the popular notion that scurvy is caused by an undue proportion of salt in the blood, is entirely correct.

GOITRE. Dr. Stevens of Quebec, reports seven cases of goitre cured by the chloride of ammonia. Six were girls under twenty, and a married woman aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.—*Medical Brief*.

CHLOROFORM. Chloroform prepared from chloral hydrate has no advantages over that prepared in the usual way with alcohol and chlorinated lime; but according to Dr. Vulpius the latter is likely to be superior to chloral chloroform.—*Arch. of Ph.*, July 18.8.

OLIVE OIL. This article was very extensively used by the Roman physicians as an external application in the cure of diseases. Celsus, Galen and Aetius were much in the habit of employing oily frictions.

HEALTH AND STRENGTH. A man who takes proper care of himself, and indulges in plenty of air, exercise, and above all, recreation, ought to be in a high range of health and strength from twenty-four years of age to sixty-five.

HEAT. Heat has the tendency to separate the particles of all bodies, from each other; hence, nothing more is necessary to effect the decomposition of many bodies than to apply heat, and collect the substances which are separated by that means.

SPEEDWELL. An exchange says that a handful of the dried plant called "Speedwell," made into a decoction by adding hot water, and giving teacupful doses of it two or three times a day, has proved very beneficial in Scrofula.

PLUMBAGO. Pencils made of plumbago were used as early as 1565, being mentioned by Conrad Gesner in his book on fossils, printed at Zurich in that year.

CANCER. The Medical Record says the death rate from cancer has increased at the rate of four hundred per cent. in London, Eng., and in Philadelphia during the last 65 years.

NASAL CATARRH. A mixture of equal parts of powdered sanguinaria, gum myrrh, and gum acacia, used as snuff, has been highly recommended for this difficulty.

A USEFUL HINT. A strong solution of chloride of lime sprinkled about the places where ants frequent, will either destroy or drive them away.

CAUSTIC. Sometimes excessive pain will follow the use of Nitrate of Silver, which may be relieved by washing the part with a solution of common salt in water.

THYMOL. This is said to act usefully in cases of catarrh of the bladder, and in diarrhoea of children, in doses of three to five drops of a one per cent. solution daily.—*Medical Call.*

MEMORANDA.

1700. Dr. Henry Meibomius died in Saxony, aged 62 years,
1701. The plague prevailed in parts of France.
1702. The small pox prevailed in Boston, Mass
“ Dr. Charles Scarborough died in England, aged 96,
1704. A malignant spotted fever raged in Prussia.
“ Dr. Laurence Bellini, died in Italy, aged 61 years.
“ Dr. Ralph Barthurst died in England aged 84 years.
1707. Dr. Edmund Dickinson died in England, aged 82 years.
1708. Dr. Edward Browne died in England, aged 42 years.
1709. The plague desolated Livonia, Russia.
1712. Dr. Martin Lister died in England, aged 74 years.
“ Dr Archibald Pitcairn died in Scotland. aged 61 years.
1713. Measles were epidemic in parts of America.
1715. Dr. Elisha Cooke of Boston, Mass., died aged 78 years.
“ Dr. Nicholas Lenny died in France, aged 70 years.
1716. Leibnitz, chemist, died in Germany, aged 70 years.
1718. Dr. John Bohn, died in Germany, aged 78 years.
1719. Dr. David Bennett died in Rowley, Mass., aged 103.
“ Malignant fevers prevailed in parts of Europe.
“ Dr. James Keill died in Scotland aged 46 years.
“ Dr. John M. Lancisi, died in Rome, Italy, aged 65 years.
“ Dr. Godfrey Bidloo died in Holland. aged 70 years.
1720. Dr. Oliver Noyes died in Boston. aged 48 years.
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EDITORIAL NOTES.

The Boston District Eclectic Medical Society.

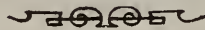
The last meeting of this society, prior to its usual adjournment over the heated term, was held on the evening of May 10th. A goodly number were in attendance, and an interesting essay was read by Dr. W. R. Geddes, entitled "Mistakes in Diagnosis," which was received with marked attention. Dr. John Perrins of Boston, presented a patient for the inspection of the members, whom he had cured of severe ulcers upon the legs, and in which he made use of the *flannel* bandage. The case had been a long and tedious one, and in its commencement, not a very promising one, and all present seemed gratified at the doctor's patience, perseverance and success.

After the completion of the exercises of the evening, the Society adjourned to the second Tuesday in September next, according to its usual custom.

The "Transactions of the National Eclectic Medical Association," Vol. 8, for the years 1880—81, has been received. It is a neatly bound volume of over 550 pages, and as a frontispiece contains a finely executed likeness of its President, Milbrey Green, M. D. of Boston. The contents of this publication are too numerous to receive special mention in a brief notice like the present, but suffice it to say that the volume is crowded with interesting articles, containing the best thoughts of our best men; every one of which productions bear the evidences of close attention and mature deliberation, and will richly repay a patient and careful perusal. The meetings of this Association are held annually, at such time and place as have been previously fixed upon and made public, and past experience has proved this body to be an immense power for good in the Medical profession.

The Boston Eclectic Gynecological and Obstetrical Society.

This Society held its stated meeting on the 24th of May, with a very good attendance of members. Dr. C. E. Miles read an interesting essay in which he gave a general outline of his obstetrical experience, which was illustrated by an exposition of a large number of cases. The essay was very interesting; and although somewhat lengthy, which was unavoidable, it received the close attention of the society. As this society meets every other month, the next meeting will occur in July

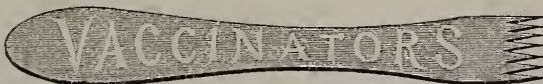


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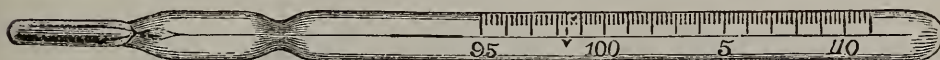
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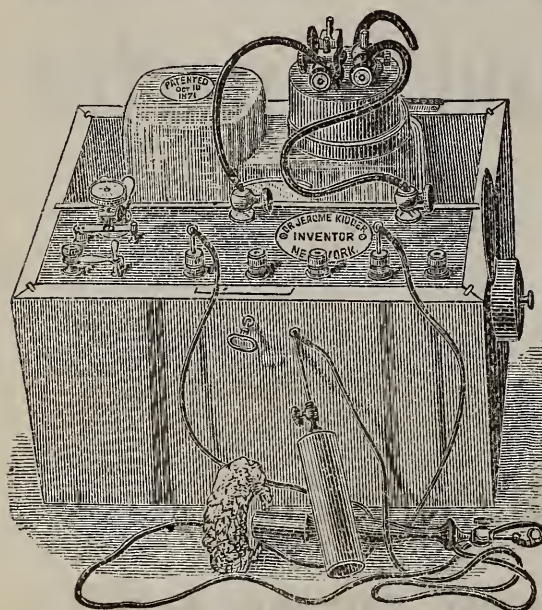
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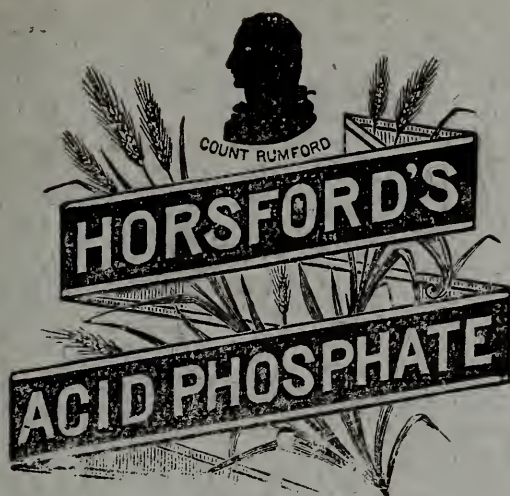
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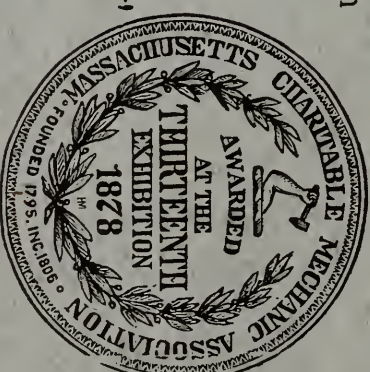
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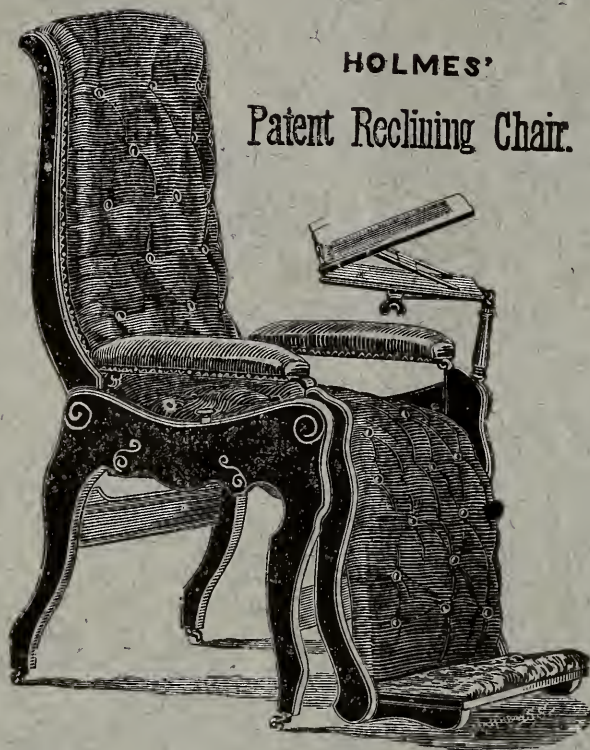
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HEREDITARY INFLUENCE UPON DISEASE.

(DELIVERED BEFORE THE NATIONAL EC. MED. ASSOCIATION AT CHICAGO, ILL.)

By R. W. Geddes, M. D., Winchendon, Mass.

Hereditary influence means the transmission, by ancestors to their posterity, of those qualities, both mental and physical, which, while they express the general outlines and characteristics of human nature, *still* preserve, more or less distinctly, the family likeness and peculiarities of constitution. The distinction between nations, families and races of men are thus preserved.

I cannot be expected, however, to exhibit the subject in its broadest sense; as, for instance, the influence of hereditary wealth, which sometimes turns the mind giddy, leads the individual into excesses, and, finally, ends in the contracting

of disease Nor is it that class who are in hereditary possession of a strong body, and a well-balanced mind; who obey the laws of life and, consequently, to a certain extent, resist all encroachments of disease; but principally that numerous class who possess a more or less feeble physiological inheritance; who cannot endure the wear and tear of life, and who break down easily. That is the class that interests the physician; for which he toils, by night and by day; and for which he denies himself comfort, endures privation patiently, and the oftensuper-added sufferings that result from the poisoned sting of ingratitude.

The hereditary possession of a weak constitution, or the possession of weak constituents in our organism which favor the development of disease, is that department of the subject which we propose briefly to examine.

Hereditary taint may be vital and general; or, organic and partial. When it is strongly vital, it is liable to appear in early life, not only in influencing other forms of disease, but degenerating into early decay. When, however, the development of hereditary maladies is delayed to mature years, we may conclude that the vital or constitutional defect is less, and may, in some cases, require the aid of an exciting cause; as, for instance, "phthisis pulmonalis" which is the sequela of a cold; or "cancer," following a slight injury to the female breast.

It is supposed that there is every possible shade and degree of vital defect in human kind, which every important form of disease will illustrate. Take, for example, "scarlatina" and "diphtheria," to which other forms of disease might be added, and let me ask: "Why is it, that these forms of disease act so destructively upon one family, or individual, while others, in the same region are either exempt, or but slightly affected?" "Why are whole families, or the major portion of them, extinct in a few days—in some instances, in but a few hours; while others, with apparently the same disease, and with the same surroundings, are so lightly affected that they can hardly be called sick?" "Why is it, that in some of those fearful cases the patients begin to die, almost before the disease can be fully recognized, while others seem so little affected by it?" "Is the virus in the several cases of different constitution—a compound of various degrees of strength?" "Is there a

malignant or non-malignant contagion in the virus of scarlatina and kindred diseases? Or is it a hereditary taint, a feeble vital force, that the unfortunate victims inherited; and the severity of the attack simply registers how small the amount which the individual possesses, while the converse represents how blest others are in this respect?" If so, we cannot over-estimate the value of this blessing, and its great power to protect its possessor.

There is, however, an exceptional shade to this rule of hereditary influence. A masked form of the disease appears, more particularly in scarlatinal patients; although it may also be occasionally observed in others. In its general aspect it may seem to be one of the very mildest cases. Yet it almost always proves fatal. The patient is quite docile, and makes little or no trouble, and in consequence receives little care and attention from friends or physician. With the exception, I believe, of a peculiar halo around the eye, and a certain expression which only the experienced observer can detect, there is little evidence of danger. It is a dark, mysterious and deceptive case. "A wolf in sheep's clothing," as the good old parson would call it. The physician must be wary and vigilant, meet the indications early, and keep the case constantly in view; or, he may be confounded at the issue. In other words, the case which was so mild and unimportant in its general appearance, so much so, that it made but slight impression upon his mind, he will find, to his great astonishment, has terminated fatally.

It is claimed, however, that a weak vital inheritance is not equally weak in yielding to all forms of disease. The same individual may be observed at different times, to cope successfully with severe attacks, and yet succumb to one which was considered of less peril from its apparent mildness of type. In my opinion, it is this difference in the susceptibility of different individuals, which influences, develops and exhibits the various types and degrees of severity in the attack, blended and tinted, no doubt, with the fainter influence of local or surrounding circumstances.

The most important fact of hereditary vital taint is its influence to limit the duration of life itself. This feature is comparatively ineradicable. It may be noted at all ages; from the still-born babe to the child of six months, from the

child of six months to that of six years, and from that of six years to the adolescent of sixteen, and upward; and thus we may observe that many are *constitutionally* very old, who may be in years comparatively young.

To demonstrate this assertion, I will not tax your patience with elaborate tables of "vital statistics," but simply ask every physician present, to look back in his own practice. Each will find sufficient evidence to convince him. If this view of the case be correct, we can perceive at a glance the extraordinary influence vital taint exercises over disease, not only in its inception and development, but also in the thwarting of the best and most appropriate efforts at successful treatment.

In the more feeble and degenerate cases, it may be said, that they not only invite disease, each case undoubtedly having its preferences; but they seemingly assist in the inception and succumb readily. In order to systematize this wonderful diversity of physical degeneracy, extraordinary labors have been wasted in nomenclatures, and these defects of human nature have been baptised with appropriate scientific names. Nosological works have been compiled, classifying all diseases according to their distinctive character, order, genus and species. Indeed, to meet successfully, with appropriate treatment, this ever-changing diversity of constitution, its susceptibility to the influence of the various forms and types of disease is a work of no small magnitude. We find that early in the history of medicine, when diseases were, perhaps, less complex than they are to-day, that in the past, as at the present, new theories were invented, and new sects in medicine occasionally sprang up, who, seemingly, had their day of success. That success must have been very limited, as each, in its turn, at a greater or less period of time, was superceded by others, who were but little more successful than those who had preceded them. In the past, as at the present, the great trouble with the profession was, and is, that the people will not be sick according to the descriptions given in any work upon medicine. This important fact has been overlooked, that the people of all races and nations are sick principally, and I might say generally, in the ratio of the vital legacy they have inherited. The proper method of treatment requires this fact to be kept always in view.

To meet this important condition, we have at this day, the men of large doses, those of small doses, and those of specific doses. Each party boasts of treating successfully the endless phases of human disorder. The different sects and schools in medicine, in all ages, have proclaimed the same. So have, and so now do, the quacks; and the more ignorant they are, the more gigantically absurd are their professions of success. When human nature can be molded in harmony with a creed or dogma in medicine, then perhaps that creed and its followers will be successful. But not till then. Until that extraordinary period shall have been reached; until the vital legacies bequeathed to the human family are in all respects *one and the same*, there is but one general method, that can even approach to success. The principal idea of that method, above and beyond all, is to select the right preparation, and adapt it as perfectly as possible to the susceptibility and true conditions of the case; *sure* only that it harmonizes with the vital legacy of the patient, and the type of the disease to which he is, for the time being, subjected.

I have now endeavored to show you the influence of a feeble vitality, and the tendency of this legacy to produce abnormal conditions within the body. I have also diverged somewhat to note a few of the theories of treatment that have been instituted by the medical profession, to show that after a time, these sects and systems generally become extinct, *because* they failed to make good what they promised. They failed, I believe, because they did not take into account the import of a feeble constitutional inheritance; the influence which it exerts over the inception, development and sequence of disease; and the power it frequently exercises during the progress of treatment. We come now to the consideration of organic, or partial hereditary taint; that is, the consideration of a few of those cases which inherit the legacy of only a weak organ, or system in their organism; and the influence that weak part exercises upon the development and character of the disease to which the individual may be subjected. Let me illustrate: If a dozen or more persons are placed upon the top of a high mountain, and in surveying the valley beneath, one of them is delighted with the glory, the beauty, and the vastness of the scene; another beholds the site for a

great city, with its streets and avenues running in appropriate directions, ornamented and diversified with churches, public buildings, parks and gardens; and surrounded more or less, in the distance, with magnificent private residences, with grounds beautifully laid out, and ornamented with trees and shrubbery. Another watches the course of the stream in the valley and ascertains the point clearly where the water-power can be utilized; where large factories may be built and various kinds of goods manufactured. Another is devising the lines of a railway system; another has laid out a beautiful course of highways; and still another is planing the construction of a trunk canal. These are the outcome of certain mental endowments, the legacy of former generations. I will now indicate a physical inheritance.

Suppose this party to be returning from the mountain. They are overtaken by a furious storm. The rain pours in torrents, the winds rage, the lightnings blaze, the thunder sends peal upon peal, which roar and echo far and wide, as if the whole artillery of heaven was employed in the terrific conflict. At each vibration the mountain seems to tremble, and shake the jetting rocks which afford a partial shelter to the excursionists. Night closes around them before the storm has ceased. In the darkness, the path is lost. Morning finds them wet, cold, hungry and sick from the night's exposure. We can now perceive the influence of hereditary taint. In three to five days afterward, all the party are sick; one with "hæmoptysis;" two with "rheumatism;" one with "pleuropneumonia;" another with "hæmatamesis;" another with "carditis;" another with "inflammation of the lower limbs," and, finally, the re-establishment of an old ulcer; another with "hæmaturia." Another has "apoplexy" on the third day after the exposure, that proves fatal within a week; and the remainder are more or less sick with other forms of disease. What is the explanation of this diversity? All of the party are subjected to the same exposure, the same cause. Yet the effects, the manifestations of disorder are unlike. The human organism is made up of many constituents, as the chain is composed of many links. When the chain breaks from a severe strain, it does so always at the weaker link. When we are subjected to great hardships, we, like the chain, give way generally at the weakest part; and hence the *variety* of the

attacks of disease experienced by the different individuals. "The weakest part is affected first."

When a weak person is greatly overtaxed, he soon exhibits a tendency to disease. When an individual with a feeble organ exercises it too freely, that special organ becomes irritable, painful and inflamed. A person with weak eyes cannot be subjected to very close application without incurring the risk of danger to them. An individual having weak respiratory organs, cannot be safely subjected to the vicissitudes of our cold winters, without the danger of seriously, if not fatally, disordering them. In short, if any weak organ in our body is exercised too freely, it soon becomes tired; if the exercise is still further continued, it becomes irritated; if the exercise is still persisted in, inflammation may supervene, supuration ensue, and the destruction of tissue, or the death of the individual be the result. When there is an hereditary weakness, a feeble exciting cause will suffice to fix disease which will not readily yield to remedies. When there is no hereditary tendency to any given disease, a more energetic exciting cause is required to produce its development, and it is much more susceptible of successful treatment. This is an important phase of the influence that partial hereditary defect exercises. In fact, it is, comparatively speaking, itself disease—a position which, I believe, cannot be successfully assailed.

There may be many who do not believe that persons are born, some in a weak condition, which renders them liable to disease and early decay, while others are strong and possess a tendency to resist disease and premature decline. They may just as well disbelieve the fact that individuals are different; that among the different races there are not two in a nation, nor even in the same family that are in all respects alike. They may as well disbelieve that men differ in size, weight and stature; or that there are strong men and weak men. The weak we all know, are not able to bear the strain, the wear and tear of life, like the strong. We all differ, one from another, in external appearance, and we are no less different in the internal structures of which our bodies are constituted.

The old anatomist, Wolff, *insists* "that the internal viscera are even *more* variable than the external parts." Intelligent dentists declare "that there is as much diversity in the teeth

as in the features." The muscles are eminently variable. Professor Turner found "those of the foot even, not to be strictly alike in any two out of fifty bodies; and in some the deviations were considerable." Mr. G. Wood has recorded the occurrence "of 295 muscular variations in 36 subjects; and in another set of the same number, no less than 558 variations were noted. The chief arteries, frequently, run in abnormal courses; and the blood itself is different, I believe, in each individual, independently of the character of the food, as the blood-making, blood-carrying and oxidizing apparatus is more or less variable in development and tone.

The lymphatics, no doubt, vary also in their development, and correspondingly in function, although the functions of these vessels, like those of the brain, are still shaded with some uncertainty, and consequently their deviations cannot be so clearly ascertained. Yet we must conclude that they are subject to the same laws of variation, which govern the development and functional action of other parts of the body. The same may be comparatively true of the motor, sensory and sympathetic nervous systems. When strongly developed they invigorate; when tainted with hereditary weakness, they favor the inception of disease, and finally, premature decay.

We come now to a group of hereditary legacies that are neither wholly vital, nor strictly partial in their nature, the temperaments. These are hereditary legacies, marked by the prominent development of certain regions or systems of which the organism is made up. These ancestral peculiarities were observed early in the history of medicine. The ancient medical writers arranged them into four numbers. That division has been maintained till recently when it was slightly increased; not by the addition really of any new temperaments, but rather with compounds or amalgamations of the original four. Medical writers, both ancient and modern, express the belief that each of the temperaments favors the development of certain peculiar forms of disease; and one writer insists "that one of the so-called temperaments is only a certain form of disease itself."

The late Professor William Byrd Powell, a recent and eminent writer on the subject of the temperaments, and certainly one of the clearest reasoners upon this important subject, as well as one of the keenest observers, in relation

to the results upon the children, proceeding from certain combinations of the temperaments in marriage, has written ably upon this subject. He set forth the direful legacies bequeathed to the children, by the amalgamation in the parentage of certain tainted constitutions. His clear intellect disclosed the fact that children of certain parentage became so rapidly old that they died, from sheer old age, before they were born; or within the first month or year of their existence. He set forth the reason why whole families of eight, ten or even twenty in number, became old, and were laid in their graves, before they were one, two, or five years of age. This was all the legacy in life they had inherited. In his expositions upon the proper combination of the temperament in marriage alliances with the view of transmitting the best qualities, both mental and physical, to offspring, Professor Powell has shown the true way to develop the Godlike element in man, and, at the same time, to prevent the transmission of his degeneracy to poison the streams of life in those who come after. He has thus done more to remove the liability to hereditary taint, to reduce the enormity of human suffering and the frequency of disease, than all the medical writers upon this subject that have ever lived; and I am happy to state that he was one of the Fathers of modern Eclecticism.

We come now to treat of the *diatheses*—a second group of legacies. The literature of this group is of more recent date in the history of medicine than that relating to the temperaments, which may be due, in a measure, to the fact that the temperaments are more external and visible, while the diatheses are mainly internal and obscure, except when in that pathological condition which always renders them more marked and visible. These have not been confined so closely to a fixed number, like the temperaments; yet amalgamation has commingled and interwoven them, more or less, so that it may often be somewhat difficult to find a case that represents one or other of them *purely* and *distinctly*. Nevertheless enough of the more prominent features are retained, and a preponderance of one or another may be observed, though marked frequently with traces of others.

The second group principally represents varied conditions of the blood, as a leading feature of its character, which, when under the influence of the appropriate circumstances, develop

the abnormal conditions peculiar to each. The more important diatheses are as follows, namely: scrofulous, gouty, rheumatic, cancerous, nervous, calculous and erysipelatous. When any other form of disease invades the system of a diathetic subject, the constitutional tendency does not generally remain dormant, but more frequently joins hands, and unites its influence with the enemy; and thus complicates the case, intensifies the suffering and renders the treatment correspondingly unsuccessful.

When a patient has inherited two legacies of this character, and an exciting cause is present, sufficient to call them both into action, the suffering is more severe, the danger to life greater, and the treatment, very frequently, a failure; as we observe in the combination of rheumatism with scrofula; rheumatism with the nervous diathesis, or neuralgic rheumatism; rheumatism with gout; erysipelas and rheumatism, or inflammatory rheumatism; and erysipelas with cancer. When the heir to this twofold legacy has a partial hereditary defect in addition, which is not unfrequently the case, and one or other of the organs of the internal viscera is weak and sensitive, as all weak parts become; when the body is subjected to hardship, the abnormal conditions become local and concentrated. The combined force of the disease is, more or less, thrown upon the weak region, and endangers the life of the patient at once.

Suppose the local weakness to be in the heart, and the disease the patient is suffering from, proceeds from erysipelas and rheumatism combined, or we might call it inflammatory rheumatism; or, by the aid of the nervous diathesis, it may assume the character of neuralgic rheumatism. You can judge of the consequences. If the kidneys are the weak parts, and rheumatic gout the disease in action, what would be the probable issue of the case? Disease of the kidneys, dropsy and death. If the stomach, bowels or the uterus are the defective parts, with erysipelas and cancer in action, need I mention the suffering and the fearful consequences to the patient, in such case? If the lungs, or the bowels, are the seat of the partial hereditary defects, and erysipelas and scrofula are, by some exciting cause, brought into action, will we not be likely to have a case of quick consumption, as it is commonly called, of either the lungs, or bowels, as the condi-

tions in the case might be? Where is the theory in medicine to meet these extraordinary examples of hereditary disease?

When the chemist examines a compound, such as the salts of copper, zinc or iron, he knows that each of them is composed of certain elements, and that these are combined in certain fixed equivalents. He knows also that these elements combine with others in certain fixed proportions; but these compounds are all different from each other. We observe also races, nations and families of men. They are markedly distinct from each other. So, too, every human being may be considered as a fixed compound in himself, and different from every other individual. The skilled chemist knows the composition of the chemical compound. The skilled physician ought to know the true composition of each of his patients; that he may adapt the treatment to the conditions whether it harmonizes with a given theory of medicine or not. Yet, strange as it may seem, almost every physician in practice, observes much more closely the principles of his creed in medicine, than the hereditary tendencies of his patient.

I hold, then, that every human being is a combination in himself or herself, and each differing from all others, structurally, vitally, and, when sick, pathologically; that each differs in size, weight, expression of features, tone of voice, and even in gait, and other qualities that might be mentioned. Each differs in the duration of life, in the tendency to the development of certain forms of disease, in their character and symptoms. The vast difference in the degree of suffering and the susceptibility which each patient experiences in the various ailments, are due, if not wholly, at least principally, to hereditary influence; admitting that some exceptional cases may exist.

There is no disease which may attack the human organism, which this hereditary defect will not in proportion to its strength aggravate; and the almost endless phases of disorder are brought out by, and are the true expression of this hereditary influence. The extraordinary part which it plays in the inception, progress and results of disease, have never been taken into account by the medical profession, in proportion to its importance. This has been a great mistake—a mistake that has kept the science of medicine still imperfect.

It is *the* rock upon which all systems and creeds of *medicine* have foundered and disappeared. This is the rock upon which the present systems are foundering, and I believe must also pass away.

Thirty years ago the Eclectic Practice of Medicine, when in the vigor of its youth and glory of its success, threatened to absorb all other schools of medicine in existence in the United States. But it failed, at least in a measure, because the extraordinary influence of hereditary defect and the power it exercises in all forms of disease, were not taken into account. It was the professed purpose of many of the Eclectics to select the best of many ideas and remedies from all sources in medicine. They were successful in this, and they have also discovered many new and valuable remedies; and by their selections and additions, have been so far successful in practice as to compel the modification and improvement of the methods employed by other schools in medicine, thus bringing all medical creeds more closely together. But they failed, in that they had not appropriately adapted, in practice, their excellent selections and discoveries, so as to be in harmony with the great fact of hereditary defect, and its influence in all forms of disease.

It is impossible to do anything like justice to a subject so important and expansive as that which was assigned to me, in the brief space allotted to an ordinary address. I have but briefly touched upon a few of the leading and more important points in the subject, and have of necessity presented you with an unfinished production, and as such I commit it to you your consideration.

HYDROPHOBIA.

This disease is not of very uncommon occurrence, but when it *does* occur it is a rather serious matter. It is not a modern disease, but, according to the records left us it was known to the ancients. There are various methods of treatment which have been suggested, but which one is likely to prove most effectual is difficult to decide.

Galen and Celsus employed the cupping glass, the vapor bath, and sudden immersion in cold water. These remedies however are seldom if ever resorted to in modern times, probably because their use was attended with so little success.

The school of homœopathy includes among its remedies for this disease, belladonna, cantharides, hyocianus, mercury, &c., but with what success they have been used there is no record.

Dungelsin affirms that the most important part of the treatment is the prophylactic. Watson recommends full doses of opium. Dr. Marshall Hall used hydrocyanic acid in combination with the operation of tracheotomy.

Some trust to the use of nitrate of silver as a caustic, while others will trust only to the knife.

Dr. Abernethy was despairing, for it was his opinion that when once the poison had been absorbed into the system, nothing ever *had* done good, and nothing, probably, ever would.

As early as 1820, Dr. Spaulding thought he had found a remedy in "Scullicap;" but the many trials that were had with it did not justify the confidence placed in it. The way to use the Scullicap, whenever it is used, is, five ounces of the leaves to three pints of boiling water. A gill of this to be taken four or five times a day, every other day, and on intermediate days apply the leaves to the bitten part, and also give a teaspoonfull of sulphur in milk, morning and night.

Dr. Ewell recommends opium largely, a strong solution of arsenic in water as a wash to the bitten part, and internally scullcap, emetic-weed and chickweed, as being among the hopeful remedies.

Another says, use spirits of hartshorn to wash the wound with constantly, and also take three or four doses daily, inwardly, properly diluted.

These form but a part of the remedies which are recommended for use in this terrible malady, and in a case so desperate one will be willing to use almost any remedy that holds out the least hope of success. B.



RECREATION.

By this term is not meant exercise, merely, nor amusement simply, nor rest, considered as passive repose. It is pleasurable excitement for body and mind, whose action and re-action on each other is highly conducive to both. Recreation is intellectual as well as physical. The mind that daily travels in one groove, or is confined for hours day after day, to close thinking, and the active exercise of certain of its faculties, with scarcely a let up,—the mind, like the long bent bow requires to be unbent for a time, or it will lose its powers of elasticity and action. The body that is subjected to toil and labor, year in and year out, perhaps too confined at the same time to some unnatural position, demands recreation for a period, during which the body can enjoy [freedom, and the mind be relieved from the pressure of care and responsibility. The wise man, who desires long life, will not scruple to make some sacrifices for the sake of healthful recreation; it is just so much better than medicine as prevention is better than cure.

POINTED THOUGHTS ON MEDICAL PRACTICE.

By E. V. Shulenberg, M. D. Buffalo, N. Y.

1. It is necessary that those who devote themselves to the practice of medicine should be fully educated, in order to warrant the expectation of acquiring character in their profession; and as an indirect stimulus to their exertions, they ought to be made acquainted with the difficulties which lie in their way, that they may not, in disgust, when too late to retrace their steps, abandon the high road to honorable preferment and study to compensate themselves for their disappointment, by converting the privileges they possess into a mere trade-stock to accumulate wealth. It is a truth, that the path to wealth, if not to eminence, is best found in a spirit of worldly accommodation, which consults the prejudices rather than the reason of the multitude; for, however ignorant that multitude may be, there is not an individual of them who will not accept a deference to his opinion as a compliment to his intelligence. It is also true, that the medical profession addresses itself to the heart rather than to the understanding, to the feelings rather than to the judgment, and that this is the fruitful source of much of the difficulty with which the physician must contend in his pursuit of medical distinction. Sympathy with suffering makes a firm friend, hence the intelligent discharge of the obligations of duty are merely acknowledged or forgotten altogether, while a little part of the service rendered with apparent and officious interest for the distressed is received with a gratitude which memory will always cherish. So universal is the operation of this principle that the uninformed, the impudent and the cunning who, *per fas et nefas*, become legally authorized to practice, make their advantage of them to conceal their ignorance or to mask their hypocrisy, and they do admirably answer either purpose, that they are successful for both.

II. As by attrition, the rough edges of the hardest materials will be made smooth; so will differences of opinion be modified and asperities of feeling be softened by frequent intercourse. The more thoroughly men become acquainted, the more they will respect the sentiments of each other; and most persons will be found to possess good qualities which we shall learn to appreciate, while we may be lenient with regard to their failings.

III. Medicine is one of the liberal professions, and its character can be supported only when it is exercised on principles, just and liberal.

IV. A distinguished writer on moral philosophy says that physicians are under obligation to do much for the poor, for advice costs nothing, and drugs but little.

V. As the long continued gentle exercise of any of the senses, like that of watching the graceful moving of a field of grain, or listening to the murmur of streams, or the humming of bees, produces sleep, so does the undisturbed routine of professional duties induce intellectual somnolence in him who plods his daily round, unthoughtful of all besides the few familiar faces, objects and scenes, which pass monotonously before him.

VI. Sydenham says, (*Hist. Heroes Med.*, p. 210): "The pomp and dignity of the medical art is less seen in elegant formulæ than in the cure of disease."

VII. I trust that the opinion that a man is born a physician is exploded with those days of ignorance which gave it birth, when the practice of medicine was enveloped in the mysteries of magic and hypothesis. Such errors must be effectually dissipated by the plain and simple rules which have reduced medicine to a regular science, to be acquired only by assiduity and perseverance in a course of systematic education.

VIII. It is only by the exercise of freedom that changes and improvements have ever been introduced in medical practice, and herein lies the only hope for further improvements. Medical art can be advanced toward the realm of science only by granting the largest liberty of thought to all its followers.
—*Physicians and Surgeons Investigator.*

HOANG-NAN.

(*STRYCHNOS GAUTHERIANA*.)

SYNONYM—TROPICAL BINDWEED; FAMILY—LOGANIACEÆ.

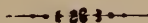
The exact physiological properties of Hoang Nan have not yet been definitely determined, but experiments show it to be a decided spasmant which property it combines with peculiar alterative powers, and a property, so far peculiar to itself, which gives it a specific action against the poison of venomous serpents, and even rabies.

Hoang-Nan has been given with benefit in PARALYSIS.

The reports of its effects in LEPROSY certainly encourages the hope that it will prove valuable in this disease. It has also been employed with benefit in INDOLENT ULCERS, and SCROFULOUS SORES, changing the diseased action and promoting cicatrization.

As an ANTIDOTE TO THE POISON OF SERPENTS its efficacy has apparently been established beyond a doubt, and the instances reported of its employment in HYDROPHOBIA point to it as a possible remedy in that hitherto menurable affection.

The alterative properties of the drug have been demonstrated in the treatment of SYPHILIDES and in scrofulous affections.



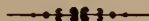
DUBOISIA.

(*DUBOISIA MYCPOROIDES*.)

This drug has already largely supplanted atropia in eye practice, as a dilator of the pupil and as a paralyser of the muscles of accommodation.

The advantages of Duboisia over atropia lie in its more prompt action, its less irritating effect on the conjunctival membrane, the fact that it produces less dryness of the throat and fauces, and in the fact that it causes less constitutional disturbance.

We prepare an extract of the drug which is a more eligible preparation for general use than the alkaloid.



QUEBRACHO.

(*Aspidosperma Querbracho Blanco*.)

In many cases of pulmonary disease of a self-limited nature, such as pneumonia, capillary bronchitis, etc., the want of some agent which would aid in the prolongation of life, by keeping up the oxygenation of the blood, for a short time until the disease has spent itself, has been keenly felt.

Querbracho has proven itself, both through the physiological experiments of Penzoldt, and experience in its use in disease, to be such a drug. It is a direct respiratory stimulant, increasing the depth of the inspiration and facilitating the supply of oxygen to the venous blood. Under its use the lividity of the lips and polabia disappears and the painful dyspnoea improves.

In emphysema and asthma it has also been given with pronounced benefit, and it is undoubtedly one of the most valuable acquisitions of late years.

We prepare a fluid extract of the drug.



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NEW REMEDIES,

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MANACA.

(FRANCISCEA UNIFLORA.—Pohl.)

A recent introduction from Brazil, where it is extensively used as a specific remedy against Chronic Rheumatism.

Manaca is officinal in both Brazilian dispensaries. They describe it as being a powerful anti-syphilitic, purgative, diuretic and emmenagogue, the dose being given at eight to twenty grains of the powdered root. In the province of Amazonas no remedy is more extensively used than manaca; in the damp, shady forests, rheumatism principally in the chronic form, is a very common disease, and manaca is regarded by all classes as the remedy.

Dr. Hansen writes: Although having had no opportunity of trying the manaca myself as yet, I conclude from the information received from medical men and others during my residence in Brazil that it is a powerful catalytic, with circumscribed specific action on some morbid materials in the blood. The Brazilians, in calling it *mercurio vegetal*, would seem to have accorded to it the same properties as mercury, and they are probably not far from being correct. If so, the danger attending the use of mercury would render it a valuable substitute. It is in the various chronic forms of rheumatism, that manaca becomes almost a specific in Brazil, and I consider it worthy of a careful trial in this disease. The small dose would probably be the best form of administration, five drops of a fluid extract three or four times daily.

JAMAICA DOGWOOD.

(PISCIDIA ERYTHRINA.)

Fluid Extract of the bark of the root. Commencing dose, thirty drops, which may be increased to two fluid drachms.

The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country, making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic, capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of mezereon. It yields its virtues to alcohol, but not to water. He first tried it on himself, when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensation which follow a dose of opium.

Liquor Ergotæ Purificatus.

Physicians have long felt the want of a reliable preparation of Ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts. Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without corresponding result.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify PARKE, DAVIS & CO.'S "LIQUOR ERGOTÆ PURIFICATUS."

THE ART AND SCIENCE OF MEDICINE.

By H. W. Buxton, M. D., Worcester, Mass.

(It is proper to preface this article by saying that at an annual meeting of the Mass. Eclectic Medical Society, E. E. Spencer, M.D., anniversary chairman, proposed the following sentiment;—"Medicine; the most benign of the arts and sciences; its achievements are alike conspicuous both in healing and preventing the ills of our race." This sentiment was responded to by Dr. Buxton, which response forms the subject matter of the following article.—*Ed.*)

Mr. Chairman:—I am sure you ask me to respond to this *benign* sentiment because I happen to belong to a mortal race, and because I know better than any other man dead or alive, the grand achievements of this most benign art in healing my own personal ills, and in saving me alive unto this glad hour.

I am also sure that your own definition of medicine,—“the most benign of the arts and sciences, its achievements are alike conspicuous both in healing and preventing the ills of our race” cannot be questioned.

From the accidents and infirmities to which the human race is liable, we may suppose this art to be nearly as old as the race.

From our earliest life we experience the benignity of this most humane art and the malignity of corrupt nature.

In the earliest ages of civilization we find medicine in the hands of the priest; perhaps from the idea that disease is caused by the anger of the gods, and so in former times ministers were expected to *practice* as well as preach. The earliest historical development of scientific medicine is traced from the priesthood.

The village “Magir” and the “Medicine Man” of the Indian tribes, indicate what must have been the caste of the great nations of the East.

Medicine, both as a science and an art, was all in the hands of the clergy. To this union of priest and physician we owe much for the humanity and philanthropy which to-day characterizes the practice of our most benign art.

Seventeen hundred years B. C., Joseph commanded the physicians to embalm his father, a sure indication of chemical science.

We also get glimpses of the medical knowledge of the Egyptians in the older Greek authors. In the book of Odessey, mention is made of Jove descended,—Hellen, “putting into wine a drug that frees man from grief and from anger, and causes oblivion of ills.” And so Pope sings, “Bright Hellen mixed a mirth inspiring bowl, tempered with drugs of soverign use to assuage the boiling bosom of tumultuous rage.” Solomon was a great botanist, zoologist and pharmacist, as well as pontiff, legislator and moral philosopher.

John Selden says: “If a physician sees you eat anything that is not good for the body, to keep you from it he cries out “it is poison.” If the preacher sees you do anything that is hurtful to your soul, to keep you from it he cries out “you are d——d.” And yet we love the man who damns us, and we run after him again to save us. And so Foote wittily lampoons what he calls cure-mongering quacks. Jaundice proceeds from many myriads of little flies of a yellow color, which fly about the system. Now to cure this I make the patient take a certain quantity of the ova or eggs of spiders. These eggs when taken into the stomach, by the warmth of that organ *vivify*, and being vivified of course they immediately proceed to catch the flies; thus the disease is cured, and I then send the patient down to the sea-side to wash all the cobwebs out of the system.”

And thus Bacon poetises:—

“’Tis not amiss, e’er ye are given o’er,
To try one *desperate* medicine more;
And when your case can be no worse,
The *desperatist* is the wisest course.”

Mr. Chairman: Our annual meeting seldom fails to teach us at least one lesson. The art, whose province it is to heal and save cannot protect its own ranks from the inroads of disease and the wastes of the destroyer.

Some of our associates have been taken from us since our last anniversary. They have left behind them that loving remembrance which is better than fame. Pardon my digression.

The philosopher's stone, jugglery, charms and superstitions gained admission into the science of medicine at an early period, and have fought their way down through all the rationalism, scepticism and devilism, to the nineteenth century even to the present time.

Their name is legion; but this is not the place or time to rehearse the ludicrous narrative. O. W. Holmes says that "even now there is a class (of infinitesimal fame,) who are outrageous nature with an infusion of serpents—(Lacheses)—for if a fine tooth comb insect were drowned in Lake Superior, every drop of its waters would be impregnated with all the peculiar virtues they so highly value."

Dr. John Gardner in his able paper on homœopathy in the Edinburgh essay remarks with well placed humor, "this strange doctrine was only feebly expressed by Lord Jeffery when he said "that an ounce of medicine put into the Rhone, at the upper end of the lake of Geneva, would physic all the Calvinists at the lower end." We congratulate ourselves and suffering humanity, that there has been and still is grand improvement and reform in the healing art. We can remember the nauseous drugs with which we were dosed; the woody fibres we were forced to swallow, the gritty substances we could not swallow, and the heroic powders which could never be washed out of the mouth or memory. A prescription from a physician of the old school was a dispensary in itself.

Gentlemen, I take pride in referring you to the late oration upon "The rise and progress of Medical Science from the earliest periods down to the present time," and from which elaborate paper, I quote the following:—"We have followed down the stream of medical progress, and have found occasional tributary streams in the way of new remedies, flowing into the main current, which have so far swelled its volume and increased its progress, that we have been able to follow it on until we find it expanded in the broad field of Eclecticism." I trust that in the ranks of our fraternal and progressive Society there are no skeptics as to the value and

benignity of medicine. Its long past history, with our own experience, give us the most unbounded confidence in the curative and benign power of medicine over the diseases which afflict our race.

Medicine is not a great "humbug," a myth, a fallacy; but a great and sublime truth.

Brother Chairman: The spirit of your proposition is an established truism, and I cannot take my seat without again, for myself and for the medical men present emphasizing most every word of it, *to wit*: "Medicine" is "the most benign of the arts and sciences. Its achievements are alike conspicuous, both in healing and preventing the ills of our race."

There is virtue, and power, and mighty efficacy in the remedial agents which God has given us. It needs but the patient research, the faithful, honest purpose, the kindly sympathizing spirit, and the disciplined skill of the true physician, to make their virtue, power and efficacy available in healing the sick and preserving life.

A PLEA FOR ANÆSTHESIA IN LABOR.

Dr. D. M. Barr, of Philadelphia, sums up as follows: 1st. The claim of the parturient woman for anæsthesia is unequalled by any claim in the wide world. 2d. These claims will not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table. 3d. A proper anæsthesia is more directly indicated and more safe in the ordinary obstetric patient than in the surgical patient, case for case. 4th. We have an anæsthetic mixture (ether, three parts; chloroform, one part; alcohol, two parts), capable of producing perfect immunity from suffering without intoxicating, without vomiting, without reaction or dangerous sequences. 5th. The babe offers no contra-indication, since its safety is not jeopardized. 6th. Labor is not hindered, but rather hastened by the anæsthetic. 7th. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.—*Med. Observer*.

CARRYING PISTOLS.

How far the habit of carrying pistols by adults, as a means of defence, may be justified, is not the subject now proposed for discussion; what is at present referred to is the reprehensible habit of school-boys arming themselves with such death-dealing weapons. School committees and teachers cannot be aware to what extent the boys of our public schools indulge in this practice. It is more common in Boston than the shrewdest have suspected. They are not toy pistols—let this be distinctly understood,—but single barrel pistols, capable of dealing death, and now and then a pistol with more than one barrel is brought to light.

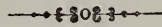
Very many of the school-boys who thus arm themselves are not under the best discipline at home, live recklessly, and never have had their passions brought under proper subjection: and being thus armed the temptation is strong to draw and use their pistol, thus becoming the perpetrators of a serious crime.

That the habit of carrying pistols is extensively indulged in, is a fact well known to many citizens, who believe stringent measures should be adopted to break it up. The police of our towns and cities should be empowered by ordinance to search suspected boys, and whenever a pistol is found, the boy should be brought before the court and punished for violation of the law concerning “concealed weapons,” and the pistol be confiscated.

Any parent who provides his boy with a pistol to carry about his person contrary to law, should be deemed a “*particeps criminis*,” and be punished accordingly.

Any dealer in fire-arms who sells a pistol to a minor should be punished for the act; and the best way to reach this would be for all towns and cities to require dealers in fire-arms to be licensed, with a prohibition of sale to minors included therein.

Parents, and school committees, and teachers, should take up this matter in earnest, and do all in their power to kill out this most dangerous habit of carrying pistols. It has been tolerated too long. Many a young life has been sacrificed to accident or temper, which would have escaped disaster but for this habit. H.



ANIMAL MAGNETISM.

This is also called Mesmerism. Anton Mesmer, a native of Mersburg in Suabia, who studied at Vienna, and took his medical degree in that city, was the discoverer of the alledged influence of magnetism in human diseases. The name of Mesmerism was applied to the theory which he propounded, and which was first made known in England in 1829, by Mr. Richard Chenevix, who published a series of papers in the "London Medical and Physical Journal."

Dr. Elliotson was one of the first English physicians who expressed his belief in Mesmerism. He was followed by Mr. Herbert Mayo, Professor of Physiology at King's College, London, by Mr. Braid of Manchester, and others. But notwithstanding the extraordinary effects undoubtedly produced by this mysterious agent, Mesmerism has never taken very deep root in the public faith of England. It was transplanted to America, and for a time attracted considerable attention. There does not seem to be any known laws by which it can be regulated, no principle by which to guide its application. Upon some persons it produces no effects whatever; and scientific men who have investigated it by all the lights they possess, are not of the opinion that it possesses any qualities to recommend it in application to disease. At present we hear little about it. H.

EARLY CONTRIBUTORS TO MEDICAL SCIENCE.

The medical men of the early days of America were so devoted to the practical business of the profession that they found little time to use the press. The condition of the science, so called, in the primitive days of this country, was such, that theories so far as any existed, were received from abroad, and practiced upon until American experience struck out new paths, and either formed theories of their own, or modified and improved those they had already received.

The means of intercourse between the old world and the new was so very limited, as well as difficult, the improvements in medical theory and practice were somewhat slow in reaching us, and it was not until writers arose in our own ranks that we received the benefits of the experience of American practice, and medicine on this side the water began to make evident advance.

The writers of early days, with us, were comparatively few, and of course the benefits to be derived were necessarily limited. But as time passed on the number of writers increased, and the whole profession was benefitted by the observations and experiences of their contemporaries,—new light was being shed upon the prevailing diseases, and more correct theories and more successful practice followed almost as a matter of course.

Of these early writers we have space only to refer to a few of the most prominent, whose contributions to the literature of medicine and the collateral branches, have done so much toward laying the foundation of the permanent literature of the present day.

Botany was little understood, in its relation to medicine, in our early medical history, and some of the first articles in relation to that subject were contributed by Dr. William Douglas.

Dr. Mark Catesby of England came to America and made

a botanical tour through Virginia and South Carolina, and subsequently published the results of his labors.

Another writer was Dr. David Mason, who was a pupil of Dr. Franklin, who gave lectures and experiments in electricity. Whether he either lectured or wrote upon chemistry does not appear, but there is evidence that he had a knowledge of it as it was then known in England.

Dr. Samuel Bard who was born in 1742, contributed several medical essays to the literature of his day, and especially a work upon midwifery.

The labors expended, and the persecutions suffered, in the introduction of inoculation into America, will cause the name of Dr. Boylston to be held in everlasting remembrance.

Dr. Samuel Clossey, once a practitioner in New York, gave to the profession in 1763, a work entitled "Observations on some diseases of the human body, etc." It is hardly possible that it is now in print.

Dr. John Clayton who died in 1773, is said to have been a practical botanist. He published accounts of medical plants to be found in Virginia, and also published a work entitled "Flora Virginica."

It is said that Dr. John Bartram who died in 1777, was the first American who conceived and carried into effect the design of a botanical garden.

Dr. Cadwallader Colden, who died in 1776, wrote a history of the prevalent diseases of this climate; he is said to have been one of the earliest to advocate the cooling regimen in the cure of fevers, and opposed strongly the then prevalent method of treating small pox. He published a treatise on "the cure of cancers," and some "observations on epidemic sore throat" which had spread over a great part of North America. He likewise gave to the profession a description of between three and four hundred American plants. These constitute but a part of Dr. Colden's contributions to medical literature.

Dr. Peter Middleton who died in 1781, in conjunction with Dr. Bard dissected a human body in 1850, and injected the blood vessels, which is said to have been the first attempt of the kind in America. He also wrote an able essay on croup and likewise a work, or essay entitled "Historical inquiries into the ancient and present state of medicine."

Dr. John Jones who died in 1791, published a work entitled "Plain remarks upon Wounds and Fractures," which proved a useful addition to the literature of Surgery.

Dr. Edward Miller who died in 1812, was instrumental in establishing a publication devoted to medicine, called the "Medical Repository," the first number of which appeared in 1797. He also wrote an elaborate account of yellow fever.

Dr. Benjamin S. Barton was the author of numerous essays on botany, and the natural history of vegetables, and besides contributed towards a *Materia Medica* of the United States. He died in 1815.

Dr. Benjamin Rush who died in 1813, was an elaborate contributor to the medical literature of his time. He wrote upon "Bilious Remitting Fever,—Scarlatina,—Cholera Infantum,—Tetanus,—Measles," etc., etc., besides on various other subjects of medicine and the collateral sciences.

We might doubtless continue the story of the early American writers upon the various matters connected with medicine, with increasing interest and perhaps profit, but probably enough has been said to show that from these small beginnings there has been a gradual numerical increase, until now the writers perhaps outnumber the readers.

For members of the profession to give the results of their experience to the medical public is doubtless attended with incalculable benefits; and it has been, in a great measure, attributable to this course, that the profession has attained its present high standard of excellence. and through this same agency it will continue to advance towards perfection. G.

FEIGNED DISEASES.

Of these there are many instances on record, as having occurred in various conditions of life, from the youth, "who goes unwillingly to school," up to kings, warriors, statesmen, and various others in high stations, whom history records as having feigned sickness to gain particular objects. Many great names illustrative of this statement might be mentioned.

The plan adopted by Ulysses to avoid leaving his young bride for the war of Troy, is familiar to the classical reader. The particular manner in which he choose to exhibit his alleged infirmity, and the mode of its detection, are pleasing illustrations of the rude simplicity of early times. The king goes as usual to his agricultural labors, but not as usual like the sober ploughman ; he yokes together at the same plough, a horse and an ox, and sows his field with salt in place of corn. With the view of putting to test his alleged disease, Palamedes places Telemachus in the furrow before the father, who betrays his sanity by carefully avoiding the infant.

The history of feigned insanity, or idiocy of the elder Brutus is equally well known ; as is that of Amnon the son of David, "who made himself sick for a more guilty purpose."

Charles, duke of Bourbon, constable of France, wishing to desert the Enperor, "feigned sickness to have a pretence for staying behind."

In a like manner Hotspur's father, old Northumberland, "lay crafty sick" to avoid the battle of Shrewsbury.

Essex, the favorite of Elizabeth, is represented as having feigned a violent diseasē to move her compassion ; and Raleigh pretended to madness, sickness, and a variety of diseases, to protract his examination, and procure his escape."

It would be easy to add to this list from the stores of tradition and authentic history, ancient and modern. That

diseases have been, and at times are still feigned, there is no question, and he is a fortunate physician who has the shrewdness and sagacity to detect the fraud. G.



PROFESSIONAL REPUTATION.

The writer of the following evidently possesses that most desirable acquisition "a level head," and the statements are so true to nature that they deserve the widest circulation. He says, "Some practitioners seem to think, because they live apart from others, that the character of their professional brethren at a distance, is a matter in which they have no concern, and that any means of advancement are lawful--hence, they abruptly change the measures of their predecessors in attendance, as it would seem, to obtain confidence at his expense. If, for example, a dyspeptic patient has been permitted to take animal food only once a day, they will order it taken at every meal. Change of air, of occupation, a mild purgative regularly taken, and perhaps even for a limited time a full diet after a restricted one, will often produce a *sense* of great improvement, which, it is generally thought by the patient himself might have taken place earlier, had his former physician been more skillful. The patient returns home full of erroneous opinions relative to diet, soon to feel an aggravated return of his sufferings, and fondly imagining that there is but *one* physician in the land who understands his case. Innumerable are the phrases of quackery, and verily this is one of them."

IMPUTED DISCOVERIES.

There are many discoveries, both of a medical and surgical character, which are imputed to the early physicians, and which are of greater or less importance to the profession; but how valid their claims are to these discoveries, it will perhaps be impossible, at this late day, and in the absence of historical proof, to satisfactorily establish. But as a matter of interest and curiosity we lay before our professional readers, a few of such as we have been able to obtain.

An Alexandrian physician named Aaron is said to have been the first to describe the small pox and measles.

Nicholas Tulp, of Amsterdam, is credited as being among the first to discover the lacteal vessels.

John Archer of Maryland is said to be the first who introduced polygala senega as a remedy for croup.

William Smellie, of Scotland, introduced many improvements in obstetrical instruments; he also clearly pointed out the whole progress of parturition.

Thomas Bartholine, of Copenhagen, gave the most accurate description of his day, of the lymphatics.

Conrad Schneider is credited with the discovery of the Schneiderian membrane.

Gaspard Bauhin claims the discovery of the valve of the colon.

Sanctorius, of Padua, is honored with first having called the attention of physicians to the cutaneous and pulmonary transpiration, which he proved to exceed the other secretions considerably in weight;—he also invented an instrument for measuring the pulse;—and is credited with being the first who attempted to determine the temperature of the body by a thermometer.

Richard Bayley, of New York, is credited with being the first to discover and point out the difference between croup, and putrid sore throat, and that croup required a different treatment.

John Pecquet, of Dieppe, claims the discovery of the thoracic duct, and the recepticulum chyli; also of tracing the progress of the chyle into the left subclavian vein.

Laurence Bellini, of Florence, Italy, is credited with having been the first to discover the nervous papillæ of the tongue and accurately to describe them; and he also gave a better knowledge of the structure of the kidney.

Marcello Malpighi, of Bologna, is honored as being the first one to use the microscope in examining the circulation of the blood; he also pointed out the mischief of bleeding in the malignant epidemics then prevailing.

Archibald Bruce, of New York, is credited with being the discoverer of the hydrate of magnesia.

John Brunner, of Switzerland, is the imputed discoverer of the mucous glands in the duodenum.

Amos G. Hull, of New York, gave to the profession a truss for reducible hernia, which he afterwards greatly improved.

William Harvey, of England, is immortalized by his discovery of the circulation of the blood.

Hugh Chamberlen, of London, is credited with being the inventor of the obstetric forceps.

Gabriel Fallopius, of Modena, is credited with having discovered the tubes (Fallopian tubes,) which at present are called by his name, although that credit is somewhat shadowed with doubt.

Bartholomew Eustachius, of Italy, is said to have been the first to describe the renal capsules, and the thoracic duct; and was also the discoverer of that passage from the throat to the internal ear, now known as the Eustachian tube.

Fourcroy discovered Adipocere as early as 1789.—Blaise de Vigenere discovered Benzoic Acid in 1608.—Geoffrey discovered the chemical nature of Borax, in 1732.—Cavendish discovered water to be a compound substance in 1781.—Pelletier and Caventou discovered Strychnia in 1818.—Phosphorus was discovered by Brandt in 1669.—Priestly discovered Oxygen Gas in 1774.—Iodine was discovered by DeCurtois in 1812.—Guy Lussac discovered Hydrocyanic Acid in 1815.—Chlorine was discovered by Sir Humphry Davy in 1809.

It were useless to undertake to show forth the marvels of chemistry, for they are among the wonders of modern times.

As it regards the progress of medicine and medical discoveries, it may be remarked that from the year 1100, medicine began to make some advances, but between that period and 1700 many additions were made to the materia medica, some of which, and perhaps many, were of no inconsiderable utility. Among these may be noted sarsaparilla, sulphate of magnesia, stramonium, ipecac, sulphate of soda, phosphorus. copaiba, valerian and some others.

Since 1800 the medical additions have been numerous as well as highly important, and those which have been discovered and introduced by the school of Eclectics, are among those which may be termed invaluable. This is a fact which is acknowledged by the liberal minded physicians of all schools, and they prove their sincerity by adopting these agents into their practice. B.

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PREVENTION OF YELLOW FEVER.

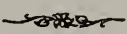
An Havana paper states that Dr. William L. Humboldt has discovered a means of preventing yellow fever, by inoculation; and about one thousand of the newly arrived troops in Cuba have been inoculated by order of the government. The operation is said to be similar to vaccination, the virus discovered by Dr. Humboldt being inserted generally in both arms. A few hours after this trifling operation, the symptoms of a miniature yellow fever commence, and all the pathological consequences follow rapidly and slightly, rarely exceeding forty-eight hours in duration, and with but a slight feverish action.

SALICYLATE OF SODA IN RHEUMATIC FEVER.

By E. Headlam Greenlow, M. D., F. R. S.

The paper concludes as follows: "Fully admitting, therefore, the great immediate relief that appears to follow the use of those agents in the treatment of rheumatic fever, there still remains for consideration the further question whether, upon the whole, the treatment is successful. The answer to this question must depend upon whether the complications which are apt to arise in rheumatic fever are less frequent under this treatment; whether the condition of the patient after recovering is better or worse than under other modes of treatment; and lastly, whether the length of time during which the patient is disabled is shorter or longer under this than under other modes of treatment. To all these questions my experience leads me to reply in the negative. We might have, perhaps, expected that hyperpyrexia at least would have been prevented by the use of such a powerful antipyretic agent, but the first two cases I have recorded negative this expectation, for hyperpyrexia was developed in both of these after the proper physiological influence of the salicylate of soda had become manifest. Pericarditis was present in many cases before the treatment was commenced; but, in several instances, it supervened afterwards. In three cases pneumonia, and in four others pleurisy supervened, when the physiological effects of the medicine had become manifest. On the other hand, several cases that were admitted with either pleuro-pneumonia, broncho-pneumonia, or bronchitis ran very much the course we are accustomed to witness in similar cases under other treatment. Patients treated with salicylate of soda appeared to me to become unusually anæmic, and to regain health and strength very slowly. They are long in becoming fit to resume their occupations, and their

recovery has appeared to me more tedious than has been the case with patients treated on other methods. Excluding the two cases of hyperpyrexia, the two fatal cases and nine very mild cases, which were on the average less than twenty days in the hospital, and, perhaps, recovered neither more quickly nor more slowly than such cases commonly do, I find that the remaining thirty-seven cases were on an average of fifty-seven days each in the hospital. This period, however, by no means represents the duration of their disabling illness, for all had been a few days ill previous to admission, and probably none was discharged in a condition to resume work, many having been sent to convalescent hospitals, and others to their friends in the country to recruit. If now we examine into the duration in hospital of the cases treated with salicin, a very similar result is shown. Two cases which were admitted in an advanced stage of their illness being excluded, the average residence in hospital of each of the remaining eight cases was fifty-five days. With regard, therefore, to the treatment of rheumatic fever with salicin and salicylate of soda, we must, I think, come to the conclusion that most physicians did with regard to the treatment with blisters, viz., that the pain and distress of the patients are undoubtedly for a time assuaged, but that the duration of the illness is not shortened. Of these two plans, I am of the opinion that blisters applied in the vicinity of all the painful joints are by far the most efficacious and speedy in the relief they afford, and have the advantage of not producing so much subsequent debility. Another question now presents itself for our consideration, namely, whether it is possible that some injurious consequence may result from the powerful action of the medicine upon the heart; and I am bound to express my fears that the marked weakening of the first sound of the heart present in so many cases indicates the exertion of an influence upon the muscular structure of that organ, which may not always pass entirely away when the treatment is suspended, and more particularly when either inflammation of the endocardium or pericardium, or of the muscular structure itself, exists during the treatment.—*London Lancet*.—*Journal of Mat. Med.*



BAD WRITING.

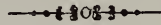
The following article, which appeared several years ago in the "Boston Mercantile Journal" is so just in its criticisms, and withall so appropriate as it is to the subject, and so largely truthful in its application to too many physicians of the present day, that its re-production may prove eminently useful.

The article says:—the style in which physicians' recipes are frequently written, demands attention; and I know of no better way to attract attention to the matter than through the press; and I hope the press generally will see fit to copy this article for the benefit of the public. What I refer to is the illegibility of prescriptions. Sometimes it is almost impossible for the most thoroughly practised apothecary to descipher a recipe; it is so badly written that there is great danger sometimes of mistaking one article for another; in which case life may be hazarded or destroyed.

The community make apothecaries responsible for mistakes; a single one may blast his reputation, and consequently his business; more than this a life may be sacrificed. And it is right that the apothecary should feel the full weight of his responsibility, for mishaps of this kind are no trivial affairs. But another may have a more weighty responsibility than the apothecary. The physician who writes a recipe so bad as to endanger a mistake, is more culpable than the druggist. Indeed a mistake might easily occur out of some prescriptions which have come under the observation of the writer of this article, where the whole blame should lie on the physician. I have seen for instance, the word *ipecac*, so badly written that it was impossible to distinguish it from *opii*; and *vice versa*; where no one, perhaps, but the more experienced individual, could judge which was intended; and that, not by the writing but from the nature of the recipe in which it was connected.

Now these things ought not to be suffered; too heavy con-

sequences are involved. A physician who cannot write should not be allowed to practise; he should never be countenanced, either by the faculty, or the community. He is tampering with life; he is destroying the lives of his patients, and blasting the good character of the apothecary. A man, therefore, *who cannot write*, should not practise; and a man who can write, and only scrawls, should be regarded as committing a criminal offence.



CARBOLISM.

Prof. Busch says, a parallel may be drawn between carbolic acid and chloroform thus far, that certain quantities of either agent introduced into the system will poison and produce death, while in ordinary medicinal doses the effects are, as a rule, entirely beneficial, though there are particular individuals, who, for reasons as yet unknown, are so extremely sensitive to these drugs that they are poisoned by such small quantities as are readily tolerated by others, without the slightest disagreeable symptoms. As to carbolism, we find that severe cases of a threatening or fatal character occur without any premonitions; the dark color of the urine will excite caution, but as we have before observed it is very frequently a harmless symptom; and in cases of the above character, poisoning is only first recognized by the suddenly developed collapse, and it is not until the latter has manifested itself that the sinking of the temperament so constantly present is revealed, so that neither is this symptom of any value by way of diagnosis; moreover, in some cases death ensues without any reduction of temperature below the normal.

The clinical picture of carbolism is on the whole not a fixed one. Coma and convulsions, as we recognize them in experiments on animals, are, it is true, in most cases present: they may, however be wanting as in our's, where only great restlessness and jactation were observed.—*International Surg. Record.*

SMALL POX.

Dr. Baron, who published a work, "The Life of Jenner," has also made some very interesting remarks in regard to small pox which may be new to some of our readers. Touching the antiquity of this disease, he says, that an eruptive disease common both to man and to the inferior animals, has been known in different ages, and in different countries; and that the descriptions given of this eruptive disease by various writers, accord so completely with those acknowledged to be characteristic of small pox, as to render it highly probable that this disease actually existed at a much earlier period than that usually assigned to its origin.

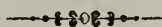
It is a very remarkable fact, that all the most ancient plagues on record, of whose symptoms we have any precise account, appear to have been of the varioloid kind.

The earliest authentic account, of an eruptive disease resembling small pox, is the one given by Thucydides. He is particular in his description of the eruptions, and they are well defined.—as redness and inflammation of the eyes, skin somewhat red, effloresced with small pustules, etc., which are all symptoms of a varioloid disease. It would appear to have been known in China, at least as far back as about 1122 years before Christ.

The era usually assigned to the first appearance of small pox, is A. D., 569, when the city of Mecca, in Arabia was besieged by an army of Abyssinian christians.

From the information collected by Dr. Baron, he considered that these facts were substantiated:—1. That a fatal pestilential eruptive disease, common to man and the lower animals, has been known from the earliest period of authentic history. 2. That the same, or at least a disease somewhat similar, continues to exist in various regions of the earth, often attended with rapid mortality. 3. That it appears to have undergone various modifications in respect to virulence,

and to be by artificial communication susceptible of still farther abbreviation. These facts having been established, and adopted by the medical profession generally, and believed in by large portions of every intelligent community, the duty of the public must be very plain,—which is, to avail themselves of the protection that vaccination affords; and to see to it that the operation is performed effectually; and that it be repeated at necessary intervals, that they may be sure to receive all its possible advantages.



CAUSES OF SUDDEN DEATH.

Very few of the sudden deaths which are said to arise from “diseases of the heart,” do really arise from that cause. To ascertain the real origin of sudden deaths, experiments have been tried in Europe, and reported to a scientific congress, held in Strasbourg. Sixty-six cases of sudden deaths were made the subject of a thorough post-mortem examination. In these cases only two were found who died from diseases of the heart; nine out of sixty-six cases had died from apoplexy, while there were forty-six cases of congestion of the lungs—that is, the lungs were so full of blood that they could not work, there not being room enough for a sufficient quantity of air to enter to support life.

The causes that produce congestion of the lungs are cold feet, tight lacing and tight clothing, constipated bowels, sitting still chilled after being warmed by labor, or a rapid walk,—going too suddenly from a close, heated room into the cold air, especially after speaking,—and depressing news operating on the blood.

The causes of sudden death being known, an avoidance of them may serve to lengthen many valuable lives, which would otherwise be lost under the verdict of “heart disease.”
—*Secular Press.*

PNEUMONIA.

Inflammation of the lungs has assumed an unpleasant character in some cases this past winter, and there are a few features of it that we may notice with advantage. The typical inflammation with its chill followed by brisk febrile action, with crepitant sounds during the first days, blowing sounds with mucous rattling after the third day, and rusty sputa something that we recognize readily and treat easily. This that I will describe is well calculated to deceive.

In the most unpleasant cases the chill has not been marked; indeed in a large number of cases it has been replaced by intense neuralgic pain. In one case in neuralgia of the neck and ear, in two cases of the ear alone, in one of the shoulder, in all there was by the second or third day severe pain in the affected lung, though no evidence of pleuritic inflammation. The febrile action has not not been high, neither as regards frequency of pulse, increased temperature, nor arrest of secretion. The pulse has been full, not frequent, temperature 101° to 102° , patients sweat freely, and in one case the skin was continually moist, and have sweat profusely.

But the lungs were rapidly consolidated, so that before one was fully awake to the difficulty there was no more resonance or percussion than over the liver. In those cases that I saw there was no crepitation, and from the third day to the seventh no trace of sound from bronchial tubes, showing that but little if any air passed into the affected part.

The sputa in these cases was mostly a dark bloody mucosity, sometimes coming up in a large quantity, then stopping entirely.

One of the marked features, and an unpleasantness that I have noticed before, was the peculiar dark purplish color of the tongue—in two or three cases almost black—yet covered by a whitish coat which seemed almost a part of the tongue. The tongue was invariably moist, even under the solution of

quinine. In all these cases there was a purplish redness of the face at times. and the finger drawn over it would leave the white lines, showing a markedly feeble capillary circulation.

In one case the full pulse was met by Veratrum, but a twenty-four hours' experience showed that it could not be used with safety. Indeed the patient came near losing her circulation entirely under the influence of ten drops to four ounces of water, a teaspoonful every hour. If one were not making the examination carefully he would take the full pulse for an evidence of strength—but a little care would detect an obstructed flow—full, but oppressed.

The treatment has been *very* small doses of Aconite or Veratrum with Rhus and Ipecac in the usual doses. As a local application the compound powder of lobelia sprinkled over the cloth spread with lard is the best that I have found. In one case I ordered equal parts of lobelia seed and capsicum, and the patient said it lasted a week in its burning.

About the sixth or seventh day hot whisky toddy with grain doses of quinine every three hours, was necessary to keep the patients up. In every one of the cases sleeplessness was a marked feature, and a moderate amount of rest was obtained by a single granule of morphine (one-eighth grain) at the usual hour for sleeping.

I have lost one case—double pneumonia—and in that case the patient was fully conscious up to the time, had a fair circulation, a moist skin, and at my last visit I felt sure of recovery. The fatal result came from a sudden effusion into the remaining sound lung. This might have been met by sharp stimulation, but I had no opportunity to try it. Every one of these cases, however, have been troublesome, and the tendency seemed to be towards a fatal termination.

What I wish especially to call attention to is the *dusky color of the tongue*. This served to indicate the condition of the patients better than any other symptom. As they become worse the duskiness increased, when they improved there was a more natural redness. I noticed something of the kind many years ago, and I think it likely many of our readers may have noticed it time and again, but it does no harm to freshen these subjects up once in a while.—*Scudder's Journal*.

WHOOPING COUGH.

One of the London Journals contains a statement by Dr. Berry, of his successful treatment of uncomplicated whooping cough with dilute nitric acid, in doses of from five to fifteen minims, according to age, with simple syrup, given every three or four hours, alleviating the cough and spasm, and apparently cutting short the disease. During an epidemic of the disorder he prescribed this frequently, and with very satisfactory results.

He offers no suggestion as to the operation of the remedy, but he believes its action to be that of a tonic, sedative, and antiseptic, and at the same time, its refrigerating properties are not to be lost sight of.

In all the cases treated, he has, of course, paid attention to the state of the digestive organs, and in such cases as have required it, he has given an aperient combined with an alterative.

IMPURE WATER.

The drinkers of water from wells near dwellings, should beware of the typhoid poison, sure to be found sooner or later in those reservoirs, if any of the house drainage can percolate them. The gelatinous matter often found upon the stones of a well is a poison to the human system, probably causing by its spores a fermentation of the blood, with abnormal heat or fever.

Wholesome, untainted water is always free from all color and odor. To test it thoroughly, place half a pint in a clear bottle, with a few grains of lump sugar, and expose it stoppered, to sunlight in a window. If, even after an exposure of eight or ten days, the water becomes turbid, be sure that the water has been contaminated by sewage of some kind. If it remains perfectly clear, it is pure and safe.—*Journal of Chemistry.*

FROZEN LIMBS.

High medical authority now states that frozen limbs should never be rubbed. The juices of the fleshy tissues, when frozen in their minute sacks or cells, at once become in each of these enclosures crystals, having a large number of angles or sharp points, and hence rubbing the flesh causes them to cut or tear their way through the tissues, so that when thawed, the structure of the muscles is more or less damaged.

When any part of the body is frozen, it should be kept perfectly quiet till it is thawed out, which should be done as promptly as possible. As freezing takes place from the surface inwardly, so thawing should be in the reverse order, from the inside outwardly. The thawing out of a portion of the flesh, without at the same time putting the blood from the heart into circulation through it, produces mortification; but by keeping the more external parts still congealed till the internal heat, and the external blood gradually soften the more interior parts, and produce circulation of the blood as fast as thawing takes place, most of the dangers are avoided.

If snow when applied be colder than the frozen flesh, it will still further abstract the heat and freeze it worse than before. But if the snow is of the same temperature, it will keep the flesh from thawing till the heat from the rest of the body shall have affected it, thus preventing gangrene. Water, in which snow or ice has been placed, so as to keep its temperature at 32 degrees Farenheit, is probably better than snow.



EPIDEMICS.

People are very apt to blame public officers when such epidemics as diphtheria and small pox commit any very serious ravages in a particular district. The blame never lies with them so much as with the ignorance of the people. Everybody knows something of the devastating character of epidemics,—that they often carry off the best-loved of a family, and that they have some connection with uncleanly habits, or unsanitary conditions under which communities live. But their knowledge is not sufficiently full as to precautionary measures to be taken. Recently two children were taken with diphtheria in Fulton County, New York State, and died. Shortly after a family visited this house, and some children who were among the visitors, actually slept in the same bed lately occupied by the dead. Thus the disease was spread, and the mortality which followed was very great. This was all traceable to what some might designate as culpable neglect on the part of those who should have shielded their children from disease. Unhappily the hand of the destroyer, as it appears in epidemics, generally falls heaviest on those who are in no way to blame for its spread.—*Herald of Health*.
—*Medical Call*.

MISCELLANY.

HAY FEVER. Prof. Binz, of Bonn, writing on the subject of hay fever, first calls the attention to the discovery made by Helmholtz as far back as 1868, of the existence of uncommon low organisms in the nasal secretions this in complaint, and of the possibility of arresting their action by the local application of quinine. Helmholtz, having been made aware of the poisonous action of quinine upon infusoria, determined to make an experiment with that agent on the vibronic bodies he had discovered in the nasal secretions of persons suffering from hay fever, and for that purpose he employed a neutral and weak solution of quinine, which he poured into both nostrils with a pipetta, while the patient was in a recumbent position, with the head low. The result was most satisfactory, and the cure which took place in the case of Prof. Helmholtz, has likewise followed in two other patients who made a trial of the remedy. Dr. Frickhofer of Schwalbach, and Prof. Busch of Bonn, have also succeeded in curing the affection by the same method.

MENTAL AND MANUAL LABOR. Prof. Houghton, of Trinity College, Dublin, has published some curious chemical computations respecting the relative amounts of physical exhaustion produced by mental and manual labor. According to these chemical estimates, two hours of severe mental study abstract from the human system as much vital strength as is taken from it the entire day of mere hand-work. This fact which seems to rest upon strictly scientific laws, shows that the men who do brain-work should be careful, first, not to overtask themselves by continuous exertion; and secondly, that they should not omit to take physical exertion on a portion of each day, sufficient to restore the equilibrium between the nervous and muscular system.—*Med. and Surg. Rep.*

SOURCE OF LIGHT IN FLAMES. According to Dr. Frankland, the light of a gas flame, and the luminous flames in general, is not due, as has been generally believed since the time of Sir Humphry Davy, to the solid particles. There are many flames possessing a high degree of luminosity which cannot possibly contain solid particles,—as the flame of metallic arsenic burning in oxygen,—or of carbonic disulphide vapor in oxygen, or nitric oxide gas, or of phosphorus in oxygen. He believes that the luminosity of these flames is due to radiations from dense but transparent hydrocarbon vapors, when carbon is present.

GREAT TRUTHS. Cicero says, time destroys the speculations of man, but confirms the judgement of nature. The decisions of opinion are of short duration, but theories formed from nature, are founded on truth, are permanent and immutable. Another Latin author says, it belongs to our nature to err, but it is the part of a fool to persevere in error. The mind of the wise man is ever open to conviction, and when he discovers himself to be in error, he displays true wisdom by receding; while the fool, ever obstinate and pertinacious, continues to act on false principles which he is ashamed to retract.

WATERING STREETS. The practice of deluging uncleaned streets and sidewalks, not merely sprinkling them, is deleterious to the public health, as the rapid evaporation of the moisture carries with it into the atmosphere a large amount of poisonous organic matter calculated to breed disease. Street-filth is far less deleterious when dry than when moist during the extreme heat of summer. Sprinkling furnishes one of the two conditions that are absolutely necessary before decomposition can take place, namely, moisture.—*Sanitary Science.*

CIDER IN RHEUMATISM. A physician who has had the experience, says, I have been using cider in acute rheumatism with much satisfaction. I think more of it than lemon juice. I allow my patients to drink freely of it, either new or old cider answers equally well. It sometimes purges; if so, I lessen the quantity, until the tendency is controlled, when I gradually increase it, or it may be combined with a little laudanum.

MEDICAL KNOWLEDGE. It has been said that diffusing medical knowledge among the people, would induce them to tamper with medicine, and trust to their own skill instead of calling a physician. This has not proved to be the case. Persons who have most knowledge in these matters, are commonly most ready both to ask and follow advice, when it is necessary. It is only the ignorant who profess so much faith in themselves, that tamper with remedies.

TRUE PHILOSOPHY. Every philosophic mind must know that all innovations have to work their way to popular favor on their own intrinsic merits. The discovery of truth is alike open to all men; it is the exclusive property of no one—it is a part of the external bounty of nature, and was, from the beginning, designed for all. Then let all seek, and let no one be debarred the privilege of proclaiming whatever he may have found.

ARSENIC IN BISMUTH. Dr. Gunning has shown that the metallic bismuth of commerce almost always contains arsenic. This is interesting in a medico-legal point of view, and also may explain many obscure affections of the skin, mucous membrane and other organs, in persons who make free use of the various cosmetic powders containing bismuth.—*Annals of Science.*

NEW THEORY OF FEVER. Dr. Maclagen of Dundee, rejects the teaching of Virchow in relation to fever, as the result of tissue-change; but in a paper in the "Lancet" imputes it to the propagation in the system of minute animal organisms. Its treatment, he affirms, should essentially consist in sustaining the vital energies, and in getting into the system all the nourishment we possibly can.

THE BRAIN. The color of the brain is said to vary in different individuals and at different ages; the color probably depending on the quantity of blood sent to it; hence, it has a redder hue in early than in advanced life, and becomes still more deeply colored in consequence of inflammation. The weight of the brain of a full grown man is between three and four pounds, troy, that of a woman, somewhat less.

APOPLEXY. This is a disease, says a medical writer, peculiar to civilized life, and one to which men are more subject than women. For the most part it is the result of full or luxurious living, excesses in drinking, diet, or mental excitement. It is rarely seen in the laboring population unconnected with excess in use of alcoholic drinks.

INJUSTICE. It is much to be regretted that the dominant party in medicine are too willing to wage an exterminating warfare against any theory or practice that is new, or that differs from their own views without investigating the principles upon which it is based, or the results of the practice followed.

PHTHISIS. The inhalation of carbolic acid, in fine spray, has sometimes a very favorable effect in cases of phthisis, allaying irritation, and checking hæmoptysis. Fifteen drops of the pure acid must be dissolved in two drachms of spirits, and the solution mixed with two pints of water. Use this by means of a fine spray instrument.

ACONITE IN HEADACHE. Dr. Fothergill recommends the use of aconite in congestive headaches, attended with great coldness of the hands and feet. The remedy dilates the peripheral blood vessels, and so relieves the congested cerebral vessel.—*Brit. Med. Jour.*

TYPHOID FEVER. The most successful plan of treatment in typhoid fever, (only one case in forty proving fatal,) is the following: Strong beef tea and milk every two hours, together fourteen pints every twenty-four hours, and twenty drops of dilute nitro-muriatic acid every two hours.—*Ex.*

SICKNESS. It has been computed that nearly two years of sickness is experienced by every person before he is 70 years old, and therefore that ten days per annum is the average sickness of human life. Till forty, it is but half, and after fifty it rapidly increases.—*Ex.*

LEMON JUICE. One common sized lemon contains five and a half drachms of juice, equivalent to about twenty grains of Citric Acid and about eight drops of Essential Oil.—*Ex.*

BLEEDING FROM THE BOWELS. For this trouble Dr. Scudder says that from one drachm to two of finely powdered charcoal to four ounces of water, thrown up the rectum, will check this trouble. We may add to this that we have found a weak solution of tannic acid, also very serviceable.

AMAUROSIS. It has been affirmed that the frequency of amaurosis is not always to be attributed to sexual abuse, but that some of it is to be charged to the use of chloral hydrate, which, when administered for some time, produces irritation and paralysis of the optic nerve.

BURNS. M. Rhinel recommends the application of a thick solution of gum arabic to burns, as being the best application that can be made. He says it relieves the pain almost immediately, and the process of healing goes on under it rapidly. Many years experience confirmed his opinion.

DIPHTHERIA. Mons. Revillout recommends in the strongest terms, the employment of large quantities of pure lemon juice as a gargle in this disease. He says, he and his father have used it for eighteen years and always with success, it being the most certain application yet known.—*Med. Gaz.*

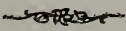
INFANT NURSING. When doctors sometimes say that “mothers are not always in a condition to suckle their own children,” they should by no means be understood as discouraging that practice. Every mother who can, ought certainly to perform that tender and important office.

CHILDREN. Children who are kept in doors all day, and sleep all night in warm close apartments, may with great propriety, be compared to plants, nursed in a hot-house instead of the open air.

AN ECLECTIC. This is the best definition of an eclectic physician. He is one who professes to be liberal in his views, is independent of party, and who favors progress and reform in medical science.

PHYSIOLOGY. Physiologists divided the vital powers into muscular contractility, nervous agency, sensorial power, and organic affinities.

MEMORANDA.

1721. Inoculation for small pox was introduced into England.
“ Dr. William Musgrave died in London, aged 64 years.
“ The small pox prevailed in Boston, Mass.
1723. Confluent small pox raged in England.
“ Dr. Augustus Rivinus died in Germany, aged 71 years.
1725. Dr. Walter Harris died in England, aged 64 years.
1727. Dr. J. C. Brunner died in Denmark, aged 74 years.
1728. Bilious fever was very fatal in South Carolina.
“ Dr. John Freind died in England, aged 53 years.
1730. The small pox prevailed in Boston, Mass.
1731. The small pox prevailed in New York City.
1735. Dr. Daniel Duncan died in London, aged 86 years,
1736. The plague destroyed 10.000 at Cairo, Egypt.
1737. Dr. William Chesselden died in England, aged 64 years.
1738. Dr. H. Boerhaave died in England, aged 70 years.
1739. Measles were epidemic in parts of America.
1741. Dysentery and spotted fever prevailed in Ireland.
1742. Dr. James Douglas died in Switzerland, aged 67 years.
“ Dr. Frederic Hoffman died in Saxony, aged 82 years.
“ Dr. George Cheyne died in England, aged 71 years.
1745. Dr. James Robinson died in Newport, R. I., aged 42 years.
1748. Malignant throat distemper was epidemic in parts of England.
1749. It was very sickly in Connecticut.
- 

EDITORIAL NOTES.

This "Journal" has now been sent for six months to members of the State Society, many of whom have never yet signified their intention whether or not they designed to become subscribers. It takes money to carry on the Journal, and two or three months were sufficient, we should think, to decide the question, and we are anxious in some manner to hear definitely from them. Of course we desire to have all take it, in order that we may be able to carry forward our work. It is to be hoped that every member of the State Society will see his way clear to sustain, by his subscription, the Journal of *his own State*, even at some little sacrifice. All letters and communications in regard to subscriptions and advertisements should be addressed to Charles Lynde & Co., No. 31 Cornhill, Boston, Publishers of the Mass. Eclectic Medical Journal.

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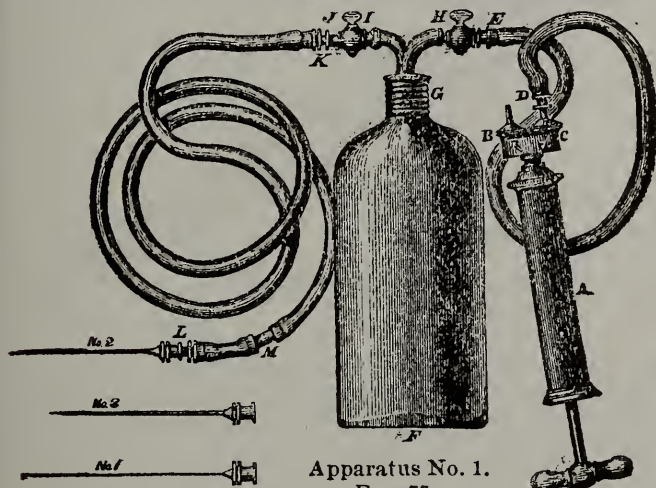
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We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.

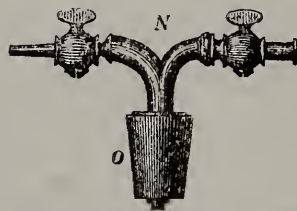


FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

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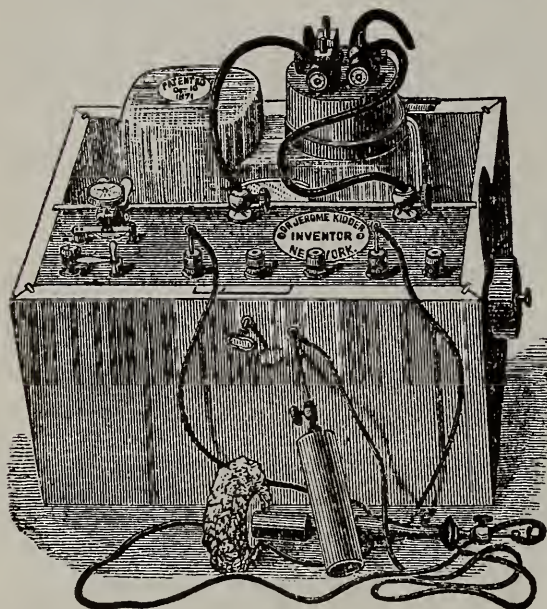
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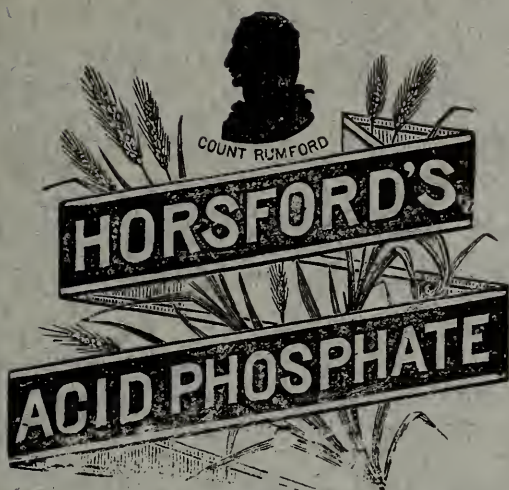
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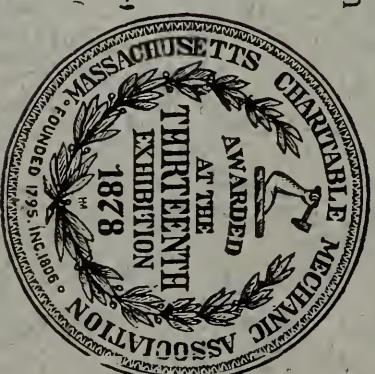
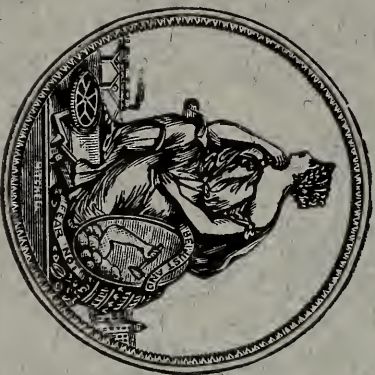
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JOURNAL.

DEVOTED TO

Medicine and General Science

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EDITED BY

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H. G. BARROWS, M. D.

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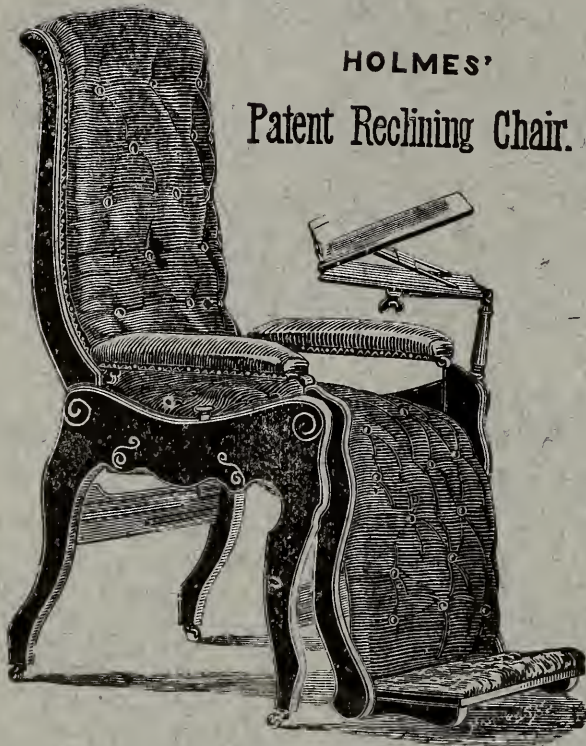
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VOL. I.

BOSTON. AUGUST, 1881.

No. 8.

WAHNSINN, OR ILLUSION.—A SPECIES OF INSANITY.

By G. H. Merkel, M. D., Boston.

READ BEFORE THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, AT ST. LOUIS.

What is insanity? Dr. Spurzheim's definition of this prevalent and protean malady seems to us to accord more readily and rationally with experience and pathological observation than any other, though we should be very sorry to give too liberal an interpretation even to that lucid and comprehensive explanation. He defines insanity or mad-

ness to be: “the incapacity of distinguishing the diseased functions of the mind, and the irresistibility of our actions—or the loss of moral liberty.” But the morbid affections of the senses and the aberrations of the intellectual powers are so numerous and varied in character, that it would be utterly impracticable to grapple with the general subject within the limits of a short paper—or in any shape less cumbersome than a thirty-volume Cyclopædia. Even eccentricities, and the babbling absurdities of alcoholic inspiration, are by many and with some show of reason, considered as a species of insanity (or a departure from the recognized laws of mental control;) but, if all the eccentrics and drunkards were classed as imbeciles, who could hope to escape? Seven-eighths of God’s creatures would be undoubtedly insane—and the world would be one vast mad-house. We will therefore confine our observations to those forms of mental disturbance known as Hallucinations, Phantasms, or Waking Dreams, expressively called *Wahnsinn* in the German language, from the Latin words *vanus* and *sensus* or vain thought, which, freely translated, denotes a false impression or mental delusion, whereby the patients, from a defective, obstructed, perverted, or impaired condition of the intellectual hemisphere of the cerebral organism, while under the influence of fear, remorse, religion, hatred, love, or some other controlling emotion of the mind, have a distinct impression or conviction of the presence of certain objects; or that they are suffering from certain supposititious ailments, or that they are the victims of conspiracy or persecution by other individuals. There is a great diversity of opinion on this important subject, as regards the origin or seat of this malady, many taking the same view as Dr. W. B. Carpenter, that the seat of the illusion is in the brain, or rather the sensorium; that in the words of Milton’s “Comus:”

“A thousand fantasies

Begin to throng into the memory,

Of calling shapes, and beckoning shadows dire,

And airy tongues, that syllable men’s names.”

On the other hand, a considerable and highly intelligent minority imagine that in all cases of mental delusion, the intellectual hemisphere predominates and controls the physical conditions. Our personal experience, in a large gynæco-

logical and general practice extending over a quarter of a century, has demonstrated the fact so graphically stated by Shakespeare:—

“We are not ourselves when Nature, being oppressed,
Commands the *mind* to suffer with the *body*.”

It cannot be in the normal order of events that a healthy organism should be unable to bear ordinary mental trials; much less a natural physiological function such as the evolution of puberty, the puerperal state, or the climacteric change. When, therefore, the strain of grief or one of these pathological conditions becomes the occasion of an outbreak of insanity, we must look for the root of the evil in some natural or hereditary infirmity, or instability of nerve-element. Not until we apply ourselves earnestly to an unbiassed criticism and discrimination of all the mental and bodily conditions which co-operate in the causation, and are manifested in the symptoms of the manifold varieties of hallucination and delusion, shall we render more precise and satisfactory our knowledge of its causes, its classification, and its treatment. How unscientific it must appear, on reflection to enumerate, as most practitioners do, age and sex among its predisposing causes! No one goes mad because he or she happens to be a man or woman; but because with each sex, at certain periods of life, peculiar physiological changes occur, which have a tendency to produce certain pathological effects in persons already predisposed to nervous derangement. It is the old and fatal mistake of taking cause for effect, and effect for cause. Again, the orthodox psychological classification of the various forms of mental delusion and hallucination, is notoriously unsatisfactory, defective and indistinct—forms entirely differing in their manifestations, and requiring opposite treatment, being often included in the same class—many practitioners and professors of this section of medical science confounding in one heterogeneous mass, puerperal mania, the mania of general paralysis, syphilitic, epileptic and hysterical mania, each of which necessarily presents special features and demands special treatment. The only hope for substantial and tangible progress in the knowledge and treatment of mental disorders is to be found in the accurate and concise observation of the varieties of the insane diathesis, and of

the effects of bodily functions and disorders upon these; in noting carefully the bodily as well as the mental symptoms that characterize the several forms of derangement of mind, and in tracing the relations of mental to other disorders of the nervous system. We must aim to distinguish well if we would teach well—to separate the cases that exhibit special features and relations, and to arrange them in groups or classes according to their affinities—always remembering that the exciting cause is as often found in the mental as in the physical organism, and that they are each in essential and constant sympathy the one with the other. If we transgress the laws of our being—if we either openly or covertly defy or disobey those edicts which nature has laid down for our guidance and preservation, we may be certain that prompt retribution will overtake us—that

“The Gods are just, and of our pleasant vices,
Make instruments to scourge us,”

either in our own persons, or those of our progeny, in the form of one of the many phases of mania by which the human family is afflicted.

But we must now confine our research to that form of Lunacy in which hallucination or mental illusion plays the principal part. *Wahnsinn*, literally understood, is a morbid condition, involving one or more of the senses—a mental preception of objects which may or may not (according to circumstances) exert any impression on the external senses. *It always involves and depends on disorder of the brain, though it is not necessarily an evidence of INSANITY*, unless the patient absolutely believes in the existence of the subject of the hallucination; and, in a large majority of cases, the patient is calm, reasonable, and even shrewd on all general matters.

There are numerous varieties of Hallucinations, which demonstrate the effects of organic sympathies in the causation of mental disorders, or rather the specific effects of particular organs upon the features of different forms of insanity. In the normally healthy cerebrum, the organic registrations are never actually forgotten, but endure while life lasts; no wave of oblivion can efface their characters. Consciousness, it is true, may be impotent to recall them; but a fever, a sudden

blow on the head, a poison in the blood, a dream, the agony of drowning, the hour of death—that hour when all the leading incidents of our life are acted over again in our imagination, and brought, as it were, in panoramic order before our mental vision—as in the sublime pen-picture drawn by Shakespeare, illustrating the recurrence of early impressions in the delirium of dying. In his description of the death-bed of Falstaff, who expired at a London tavern, after a life of debauchery, he says: “For after I saw him fumble with the sheets, and play with the flowers, and smile upon his fingers’ ends, I knew that there was but one way; for his nose was as sharp as a pen, and he babbled of green fields.”

Although the hemispherical ganglia are pre-eminently the mind-centres, and although it is in disorder of their functions in disordered intelligence, in disordered emotion, and in disordered will—that insanity essentially consists—it is nevertheless impossible to limit the study of our mental operations to the study of them. They receive impressions from every part of the body, and, there is reason to believe, exert a powerful influence on every element of it; there is not an organic motion sensible or insensible, which does not, consciously or unconsciously, affect them, and to which they, in turn, do not consciously or unconsciously affect. So intimate and essential is the sympathy between all the organic functions, of which mind is the crown and consummation, that we may justly assert that it comprises all the bodily life—that everything which is displayed outwardly is contained potentially in the innermost. We cannot truly understand mind-functions without embracing in our inquiry all bodily functions, and I might add, without exaggeration, all the bodily features. But even a complete knowledge of the nervous and muscular systems, and their influence on the mind cannot suffice to explain the mysterious phenomena of hallucinatory or phantasmal insanity. It is a demonstrated fact, beyond all possibility of contradiction, that the organic system exercises an extraordinary influence over the constitution and the functions of the mind.

In the great mental revolution caused by the development of the sexual system at puberty, we have the most striking example of the essential and intimate sympathy between the brain as a mental organ and other organs of the body. The change of character at this period is not by any means limited

to the appearance of the sexual feelings and their sympathetic ideas, but, when traced to its ultimate reach, will be found to extend to the highest feelings of mankind, social, moral, and even religious. In its lowest sphere, as a mere animal instinct, it is clear that the sexual appetite forces the most selfish person out of the little circle of self-regard into a wider field of family sympathy and rudimentary moral feeling. The natural and inevitable consequence is, that when an individual is sexually mutilated or defective; or when, by the practice of onanism, or self-abuse, the sexual organism has been depreciated or rendered powerless, a peculiar form of insanity, degrading the human animal to a level far below that of the four-footed beast, sooner or later supervenes, and becomes chronic and incurable. The physical and mental differences between the sexes indicate themselves very early in life, and declare themselves most distinctly at puberty; being especially attributable to the influence of the organs of generation. The forms and habits of mutilated men approach very nearly to those of women; and women, whose uterus and ovaries have remained, from any cause, in a complete inaction, become similar in their forms, characteristics, and general bearings to the masculine fraternity. It is said, too, that in hermaphrodites (so-called) the mental character, like the physical, participates equally in that of both sexes. While woman preserves her sex, she will necessarily be feebler than man, and, having her special bodily and mental characters, will have, to a certain extent, her own sphere of activity; where she has become thoroughly masculine in nature or hermaphrodite in mind,—when in fact, she has pretty well divested herself of her sex—then she may well take his position, and do his work; but she will have lost all her feminine attraction, and probably all her feminine functions.

Allowing that the generative organs have their specific effect upon the mind, the question occurs whether each of the internal organs has not also a special effect, giving rise to particular feelings with their sympathetic ideas. Every organ, every function, is, by its own innate sensitiveness and sympathy, in intimate and instantaneous communication with the brain, which is the leading member of this great physiological union. We have not the same opportunity of observing the specific effects of other organs that we have in the case of the

generative organs; for while these come into active operation directly after birth, the others come abruptly into action at certain indefinite and varied periods, and thus exhibit their specific effects in a marked manner. Doubtless an exact observation of the mental effects of morbid conditions of the several organs would materially assist us in the investigation of the feelings and desires of the mind which owe their origin to particular organs. The psychological features of disease of the heart, disease of the lungs, or disease of the liver, are each different and distinct, and are made patent to both the patient and those around him by certain unmistakable indications, which, though sometimes obscure and complicated, may often be accurately interpreted by the phenomena of dreams. The ground-tone of feeling in a dream is often determined by the state of an internal organ, the irritation of which awakens into more degree of activity that part of the brain with which the organ is in specific sympathy; accordingly sympathetic ideas spring out of the feeling, and unite in a more or less coherent dream-drama. As the stars are not visible, although they continue to shine in the day-time, so the effect of an internal organ may not be perceptible during the waking state while consciousness is active. But, just as, when the sun goes down, the stars shine visibly, which before were invisible, veiled by the greater light, so when active consciousness is suspended, organic sympathies, which before were unnoticed, declare themselves in the mind. Perhaps it is in the excitation of its sympathetic feelings and ideas by a disordered organ during sleep that we may discover the explanation of a fact which seems to be undoubted, and to be more than accidental—namely, that a person has sometimes dreamed prophetically that he would have a particular internal disease, before he consciously felt a single symptom of it, and has been afterwards surprised to find his dreams come true.

Nor, is this prophetic phenomena confined exclusively to dream-life. The *Wahnsinn*, or waking dream is equally tangible and present in our professional daily life. This fact is made especially demonstrable in the case of the generative organs, which, when disturbed and excited by masturbation, traumatic injury, or other irritating cause, and producing specific dreams, teach a lesson concerning physiological sympathies which, applied to the observation of the effects of other

organs, may be largely useful in the interpretation, not only of dreams, but of every phase of emotional or hallucinatory insanity.

It is natural to suppose that the passion which a particular organ produces in the mind will be that which, when otherwise excited, discharges itself especially upon that organ. Notably this is the case with the sexual organs, and the passion to which they minister. When we consider the effects which a joyful anticipation of an amatory conquest, or the elation of a present excitement, has upon the lungs,—the accelerated breathing and the general bodily exhilaration which it occasions—we cannot help thinking of the strange hopefulness and sanguine expectations of the consumptive patient, who on the edge of the grave, projects, without a shadow of distrust, what he will do long after he will have been “green in death and festering in his shroud.” Observe how fear strikes the heart and what anxious fear and apprehension accompany some affections of the heart. Anger, disappointment, and envy especially affect the liver, which organ, when it becomes deranged, engenders a gloomy tone of mind through which all things have a malignant look, and from which the restoration of its functions by remedial measures will afford instant relief.

We do not, as physicians, sufficiently consider the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage which we might take of them in our efforts to cure it. Quackery seems to have here got hold of a truth which legitimate medicine has failed to appreciate or use adequately. Assuredly the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient. If he orders a few drops of peppermint-water with the confident air of curing the disease, will he not do more sometimes for the patient than one who treats him in the most approved scientific way, but without inspiring him with any hope of ultimate or speedy recovery?

A few instances of these mental illusions or hallucinations, which have come under our notice will illustrate and corroborate the assertions on which we have ventured.

B. C., a lady of good education and in high position in society, who in her girlhood days, had contracted the baneful habit of Ovanism, and whose intellectual powers had

suffered such material deterioration as to bring her almost to the verge of idiocy, declared that, whenever she passed a pasture or farm-yard where she saw animals in the act of coition, she felt an irresistible impulse to self-abuse which was totally beyond her control.

Another woman, who had been married, but had been for some years a widow, had the illusion that she was pregnant and considerably advanced. Neither the persuasions of her friends nor the arguments of her medical attendant could disabuse her of the impression. The abdomen was distended with fluid, and in imagination she suffered all the symptoms and pains of child-bearing; but, although these symptoms were relieved by the administration of appropriate remedies, she still persisted in the illusion.

Another person, a lady, was under the impression that she had swallowed a frog; and she asserted most emphatically that she could feel it leaping from one part of the abdomen to another. Her friends tried to show her of her misapprehension, but all efforts to that effect were in vain. At last, her physician, finding that her health was being materially injured by the hallucination, at last consented to favor her whim; and, having previously procured a small frog, gave the lady an emetic, and surreptitiously dropped the frog into the vessel in which the ejection was received. The patient on seeing the frog, imagined that it had been expelled from her stomach, was satisfied, and speedily recovered.

The morbid self-consciousness that has its root in the sexual system very frequently takes on a religious guise—especially when the patient has persistently curbed the sexual desire by living in a state of strict continence. Numberless examples of this fact may be observed in certain members of those religious sects which profess to commingle religion and love, and which especially abound in the American Continent. No one can doubt that the “holy kiss” given by them, owes its warmth to the sexual feeling which consciously or unconsciously inspires it, or that the mystical union of the sexes lies very close to a union that is nowise mystical, when it does not lead to madness. A similar intimate connection between enthusiastic spiritual exaltation and sexual excitement is exemplified by the lives of such religious enthusiasts as St. Theresa and St. Catherine de Sienne, whose nightly trances

and visions, in which they believed themselves received as veritable spouses into the bosom of Christ, and transported into an unspeakable ecstasy by the touch of his sacred lips, attested, though they knew it not, the influences from excited sexuality on the mind. More extreme examples of a similar pathological action are afforded by these insane women who believe themselves to be visited by lovers or ravished during the night. Sexual hallucinations, betraying an ovarian or uterine excitement, might almost be described as the characteristic feature of the insanity of unmarried women; the false visions of unreal indulgences being engendered probably in the same way as visions of banquets occur in the dreams of a famishing person, or as visions of cooling waters to one who is perishing of thirst. It seems to be the fact that, although women bear sexual excesses better than men, they exhibit more abnormal effects than men do from the entire privation of sexual intercourse.

The development of puberty may lead indirectly to insanity by becoming the occasion of a vicious habit of self-abuse in men; and it is not always easy to say how much evil is due to pubescence and how much to self-abuse. But the form of mental derangement directly traceable to self-abuse has certain characteristic features. There are no acute symptoms; the outset of the disease being almost imperceptible. The patient becomes offensively arrogant, egotistic, and impracticable; he is full of selfishness and self-conceit; regardless of the claims of others upon him or his duties to them; his attention is entirely confined to his own morbid sensations and feelings; his mental energy is sapped, and though brim-full of extravagant pretensions and aspirations, he never works systematically for any aim, but is vacillating, indolent, and brooding over fancies. He has an irresistible conviction of the ill will of those who surround him, believes himself to be the object of constant surveillance and offensive remark, and that conspiracies are being continually hatched against him. Not unfrequently, he is the subject of religious delusions; he is the recipient of peculiar telegraphic signals from heaven, and occasionally falls into-quasi-cataleptic trances. Incapable of reforming his own habits, he believes himself to be a powerful agent in the reformation of the world. A later and worse stage is one of moody or vacant self-absorption, and of ex-

treme loss of mental power. Such persons are either taciturn or else are the subject of suspicious delusions, or those of a obscene character, the perverted sexual passion still giving color to their thoughts. They die miserable wrecks at the last. This is a form of insanity which has its special exciting cause and its characteristic features; but self-abuse seldom, if ever, produces it, without insane tendencies are also present.

TO BE CONTINUED.



DANGEROUS COSMETICS.

In a paper read to the Paris Academy of Medicine, the necessity is argued of preventing perfumers from selling poisonous or dangerous articles which should be left exclusively to the responsibility of regular chemists, and not sold without a physician's prescription

Arsenic, the acid nitrate of mercury, tartar emetic, cantharides, colchicum, and pottassa caustica, are common ingredients in these cosmetics. The so called lettuce soap does not contain the slightest trace of lettuce; and this and other soaps are colored by the sesquioxide of chromium, or of a rose color by the sulphuret of mercury, known as vermillion. The cheaper soaps contain thirty per cent. of insoluble matter, as lime or plaster; while others contain animal nitrogenous matter, which, having escaped the process of saponification, emits a bad odor when its solution is left exposed to the air.

The various toilet vinegars are also declared in this paper to be so far noxious, that, being applied to the skin still impregnated with soap and water, they give rise to a decomposition, in consequence of which, the fatty acids of soap, being insoluble in water, are not removed by washing, become rancid, and cause chronic inflammation of the skin.

LARYNEGEOLOGY.

By Milton Jay, M. D., of Chicago, Ill.

PRESENTED AT THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

No part of the human system is more complex in its anatomical structure than the throat, embracing the larynx, trachea, pharynx and oesophagus. To become thoroughly and practically acquainted with the minute anatomical structure of these parts, demands the most careful and diligent microscopical dissections, with comparisons made of inferior animals as well as man. It is in this region that some of the organic structures are not only complicated, but their physiological functions are not thoroughly and satisfactorily understood. There undoubtedly is a duty to be performed and an office to be filled by each and every organic structure in the body; yet what that office is, and what that duty may be, is not always so easy of interpretation. Although we may not understand the physiological office of the *tonsils* (if they have any), or the use of the *uvula*, yet there are so many important functions to be performed in this region that it is very essential to have a thorough and practical knowledge of the workings of this complex machine. We have to live and breathe on what travels this road, as well as to enjoy the harmonious sounds that emanate from this region, Though delicate in structure, and extremely liable to get out of repair, yet how very essential to life and happiness.

Occupying and guarding the front door to the citadel, to be a faithful sentinel, no disease should abide here.

Physicians and surgeons generally understand that these parts are subject to the same irritations, inflammations and ulcerations as other passages of the body lined by similar structures or mucous membranes. It is more difficult to treat

these affections of the throat than similar affections in most other parts, because complete rest cannot be had; we must breathe. As a general rule, physicians do not treat irritation or inflammation of the throat with the same tenderness and care as like structures in other parts. Delicate and gentle handling, mild treatment and rest, should never be overlooked in treating these parts when already inflamed and delicately sensitive.

It is not my intention to discuss the pathology or treatment of chronic inflammation and ulcerations of the air passages, or, as it is generally termed, *catarrh*, I will only pause to say, that, like all other chronic blood-affections, they need and must have constitutional treatment in order to be permanently benefitted. But I will only mention, briefly, some of the many affections of the throat that demand surgical interference or aid.

One very frequent affection is chronic *tonsillitis*, where the tonsils have become permanently enlarged, producing great obstruction and difficulty of breathing, as well as of swallowing. In these cases, I believe excision (which is not a difficult operation) to be the best and only certain course to be adopted. No harm or bad results need be feared from this procedure, but permanent relief is generally the result. I have excised one or both of the tonsils in scores of cases, without one single unfavorable result.

Abscesses of the pharynx or larynx when they can be seen by the aid of the laryngoscope, or diagnosed in the œsophagus or trachea, should be punctured and their contents allowed to escape. Nothing can be gained, but much may be lost, by delay. This procedure is often attended with both difficulty and danger, and the utmost care should always be taken; and here a knowledge of the minute anatomy of the parts is very essential to safety.

Again, in cases of *aphonia*, where the vocal cords are thickened, and cannot vibrate with "musical harmony," and loss of voice or speech is the result, how often do we hear physicians talk about using the probang to swab the larynx and make their application direct to the vocal cords. Every intelligent surgeon knows how difficult this would be, even if possible. This may do to blind the ignorant. By inhalation the remedy may be brought in direct contact with the larynx

and vocal cords, but not certainly in any other way. But in most cases, loss of voice depends upon or arises from some constitutional disease, and not until that has been eradicated will speech return. Direct surgical interference is, in most cases, of little or no avail.

Those cases that demand prompt and energetic action on the part of the surgeon, and in which there is no time for delay, are when it becomes necessary, in order to save life, to open the air-passage, or the gullet, in some part of its course, in order to prevent suffocation from disease or to remove some foreign body. This proceeding is always attended with danger, yet the existing conditions that demand the operation are generally fatal without the operation, and may be with it. It is not the operation, generally, that causes death, but the condition existing, for the relief of which the operation is performed. The fact is very plainly demonstrable in the comparison of cases operated upon suffering from disease, as croup or diphtheria on the one hand, and for the removal of foreign substances on the other. The record is, that about 75 per cent of the cases operated upon for croup or diphtheria prove fatal, while those operated upon for the removal of foreign bodies, only about 25 per cent. prove fatal. Most frequently, in cases of croup or diphtheria, the operation is not performed until the patient is in a moribund state. It is not to be supposed that simply cutting into the windpipe or gullet of a person in a state of health would necessarily prove fatal. I am of the opinion that the percentage of deaths from these operations would be much reduced if the operation was not delayed until the last moment of life. When it has been decided that it must be performed as the only hope of saving life, it should be done, if done at all, without delay. There is no doubt but that in croup, lives are often saved by this operation that must otherwise be sacrificed; but in cases of diphtheria, very seldom, if ever. It generally aggravates the trouble, although this is a question about which there are differences of opinion. It is very different in cases of foreign bodies in the gullet. Generally in those cases it is the pharynx or œsophagus that is to be opened. While the operation is more difficult of execution, the results are more satisfactory.

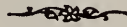
Practice in this department of surgery is very ancient, as from time immemorial the human species have been noted for

using the mouth as a *reservoir* for all kinds of substances, both fluids and solids. Substances of value, and messages of vital importance to individuals and to nations, have been placed in the mouth for safe-keeping, and rather than lose the treasure in the one case, or be detected as a spy in the other, the individual has been instructed to swallow the valuable or important substance. From this early example of securely depositing substances in the mouth for safe-keeping, the human family have improved upon the practice of the ancients, until now not only valuables, but many *vile, disagreeable* and *filthy* substances are placed in the mouth and "rolled as a sweet morsel under the tongue." But I need not to particularize. Suffice it to say, that a very great variety of substances, of various sizes and shapes, have been found lodged in the passage from the mouth to the stomach. It may be simply a pin, or it may be a portion of a set of teeth; it may be a fragment of an oyster shell or it may be a diamond ear-ring. No matter what the substance, the practical question is: What shall be done to remove it? The size of the substance is not the question so much as the roughness or smoothness of its surfaces and edges.

If it is smooth and oblong in shape, it may be forced into the stomach by pressure from above, gently and continuously exerted with the instrument ordinarily used for dilating the œsophagus. When this can be accomplished, it is far better, as a rule, than to open the tube; but when this cannot be done, and the substance is firmly fixed in the tube, there is no alternative; an operation must be made. It is the only chance for the patient's life. It is not often that solid substances produce trouble after they reach the stomach. It has been recommended that the patient eat articles of food of a doughy consistency, expecting to increase the substance and make its passage through the intestinal canal more easy. I do not think there is much dependence to be placed on this method of proceeding.

From the frequency with which cases of foreign bodies lodged in the throat occur, it is very essential that every practitioner shall have at hand the necessary instruments to give relief, as such cases generally demand prompt action. Yet it is notably true that, as a rule, physicians are not prepared for such emergencies. They are more likely to be prepared

for amputations, resections, disarticulations, and major operations, than to be ready to give immediate relief in those cases where relief must be had. Read the thousands of curious cases published by authors, and you will see how frequently the address and ingenuity necessary to overcome the difficulties presented in such cases have been wanting, and how useful a knowledge of similar cases may be. Some surgeon has written that, "in order to know how to arrest a hemorrhage, it is necessary to have tied the arteries in animal vivisections." A similar precept is equally applicable to foreign bodies.



APPLES AS FOOD.



With us, the apple as a valuable article of food, is far underrated. Besides containing a large amount of sugar, mucilage, and other nutritious matter, apples contain vegetable acids, aromatic qualities, etc., which act powerfully in the capacity of refrigerants, tonics, and antiseptics; and when freely used in the season of mellow ripeness, they prevent debility, indigestion, and avert, without doubt, many of "the ills which flesh is heir to."

The operatives of Cornwall, England, consider ripe apples nearly as nourishing as bread, and far more so than potatoes.

In the year 1801—which was a year of much scarcity—apples, instead of being converted into cider, were sold to the poor; and the laborers asserted that they could stand their work on baked apples without meat; whereas, a potato diet required either meat or some other substantial nutriment.

The French and Germans use apples extensively, as do the inhabitants of all European nations. The laborers depend upon them as an article of food, and frequently make a dinner of sliced apples and bread.

There is no fruit cooked in as many ways in our country as apples, nor is there any fruit whose value, as an article of nutriment is as great, and so little appreciated.—*Albany Journal*.

HOANG-NAN.

(*STRYCHNOS GAUTHERIANA*.)

SYNONYM—TROPICAL BINDWEED; FAMILY—LOGANIACEÆ.

The exact physiological properties of Hoang Nan have not yet been definitely determined, but experiments show it to be a decided spicant which property it combines with peculiar alterative powers, and a property, so far peculiar to itself, which gives it a specific action against the poison of venomous serpents, and even rabies.

Hoang-Nan has been given with benefit in PARALYSIS.

The reports of its effects in LEPROSY certainly encourages the hope that it will prove valuable in this disease. It has also been employed with benefit in INDOLENT ULCERS, and SCROFULOUS SORES, changing the diseased action and promoting cicatrization.

As an ANTIDOTE TO THE POISON OF SERPENTS its efficacy has apparently been established beyond a doubt, and the instances reported of its employment in HYDROPHOBIA point to it as a possible remedy in that hitherto incurable affection.

The alterative properties of the drug have been demonstrated in the treatment of SYPHILIDES and in scrofulous affections.



DUBOISIA.

(*DUBOISIA MYCOPOROIDES*.)

This drug has already largely supplanted atropia in eye practice, as a dilator of the pupil and as a paralyser of the muscles of accommodation.

The advantages of Duboisia over atropia lie in its more prompt action, its less irritating effect on the conjunctival membrane, the fact that it produces less dryness of the throat and fauces, and in the fact that it causes less constitutional disturbance.

We prepare an extract of the drug which is a more eligible preparation for general use than the alkaloid.



QUEBRACHO.

(*Aspidosperma Querbracho Blanco*.)

In many cases of pulmonary disease of a self-limited nature, such as pneumonia, capillary bronchitis, etc., the want of some agent which would aid in the prolongation of life, by keeping up the oxygenation of the blood, for a short time until the disease has spent itself, has been keenly felt.

Querbracho has proven itself, both through the physiological experiments of Penzoldt, and experience in its use in disease, to be such a drug. It is a direct respiratory stimulant, increasing the depth of the inspiration and facilitating the supply of oxygen to the venous blood. Under its use the lividity of the lips and prolabia disappears and the painful dyspnoea improves.

In emphysema and asthma it has also been given with pronounced benefit, and it is undoubtedly one of the most valuable acquisitions of late years.

We prepare a fluid extract of the drug.



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MANACA.

(FRANCISCEA UNIFLORA.—Pohl.)

A recent introduction from Brazil, where it is extensively used as a specific remedy against Chronic Rheumatism.

Manaca is officinal in both Brazilian dispensaries. They describe it as being a powerful anti-syphilitic, purgative, diuretic and emmenagogue, the dose being given at eight to twenty grains of the powdered root. In the province of Amazonas no remedy is more extensively used than manaca; in the damp, shady forests, rheumatism principally in the chronic form, is a very common disease, and manaca is regarded by all classes as the remedy.

Dr. Hansen writes: Although having had no opportunity of trying the manaca myself as yet, I conclude from the information received from medical men and others during my residence in Brazil that it is a powerful catalytic, with circumscribed specific action on some morbid materials in the blood. The Brazilians, in calling it *mercurio vegetal*, would seem to have accorded to it the same properties as mercury, and they are probably not far from being correct. If so, the danger attending the use of mercury would render it a valuable substitute. It is in the various chronic forms of rheumatism, that manaca becomes almost a specific in Brazil, and I consider it worthy of a careful trial in this disease. The small dose would probably be the best form of administration, five drops of a fluid extract three or four times daily.

JAMAICA DOGWOOD.

(PISCIDIA ERYTHRINA.)

Fluid Extract of the bark of the root Commencing dose, thirty drops, which may be increased to two fluid drachms.

The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country, making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic, capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of mezereum. It yields its virtues to alcohol, but not to water. He first tried it on himself, when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensation which follow a dose of opium.

Liquor Ergotæ Purificatus.

Physicians have long felt the want of a reliable preparation of Ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts. Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without corresponding result.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify PARKE, DAVIS & CO.'S "LIQUOR ERGOTÆ PURIFICATUS."

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The eleventh annual meeting of the National Eclectic Medical Association was held in the city of St. Louis on the 15th, 16th and 17th of June, 1881. The attendance was large, far exceeding that of previous meetings, and the greatest interest was taken in the proceedings. The interest was maintained to the last, and the scientific, professional and other business transacted was profitable as well as resulting in general gratification and approval.

Those who had doubted the expediency of holding this meeting at St. Louis, and opposed it most heartily, were among the best pleased at its success.

FIRST DAY.—MORNING SESSION.

The meeting was called to order at 10 o'clock by the president, Prof. Anson L. Clark, of Chicago, and prayer was offered by the Rev. W. V. Tudor.

The Hon. Mayor Ewing then welcomed the association to St. Louis, and promised the members the courtesies of citizens and uttered his own hope that the memories which they would carry home from the Queen City of the West, would be among the most enduring and pleasant of their lives.

President Clark in a graceful speech acknowledged the kindness of the mayor, and paid an appropriate tribute to the city and people of St. Louis.

The following officers were in attendance: Anson L. Clark, president; Alexander Wilder, secretary; James Anton, treasurer.

The vice-presidents were all absent: Prof. V. A. Baker, owing to the sickness of a brother; Dr. H. B. Piper, by the

indisposition of his wife, and Dr. A. G. Springsteen, by sickness. They have all been active and very valuable members and their absence was generally remarked and deplored.

The annual address of President Clark was brief to a praiseworthy degree, well prepared and a careful review of the field of medicine and the work of the association. He regretted that the liberality which eclectics have so generally cultivated and maintained had been made the occasion to obtrude under their name and flag all sorts of false ideas and notions, and threatened the new school of practice with many dangers. The sky, however, was clearing, and as a good evidence, he instanced the destruction of the infamous diploma mills of Philadelphia.

On motion of Prof. R. A. Gunn, of New York, a Committee on Credentials, seven in number, was appointed, consisting of Doctors John T. McClanahan, of Missouri; John A. Munk, of Topeka, Kansas; Henry Wohlgemuth, of Illinois; W. F. Curryer, of Indiana; J. T. McLaughlin, of Ohio; W. B. Church, of Michigan; W. S. Latta, of Nebraska.

Letters of regret were read from numerous and well-known leading members of the association, among them ex-Presidents Milbrey Green, B. J. Shaw and J. A. Duncan. The letter of Dr. Lemon T. Beam, of Johnstown, Penn., contained a severe and deserved criticism of Appleton's New American Cyclopaedia for containing an untrue, calumnious and ill-written sketch of eclectic practice, and asked that measures be taken to procure its correction in future editions.

The absence of Dr. Green was unfortunate from the fact that the plan which he had procured to be adopted of disposing of much of the business of the association by sections, as in the other scientific societies, failed to be carried out as contemplated.

The roll of states was called. The credentials of delegates were received from eighteen auxiliary societies and referred.

Not only was California represented in the person of Dr. Gere, but the new Eclectic Association of Arkansas had a report and delegate.

Dr. Anton, the treasurer, presented his annual report, which was a gratifying exhibit of the activity of the association and the expansion of its field of active operation. The delinquents and tardy members as enumerated are as follows:

Owing one year's dues	36
“ two “	17
“ three “	7

Total dues.....\$273

About one half of this amount will be collected; leaving some ten or more names to be struck from the roll. The report was referred to an auditing committee consisting of Drs. L. E. Russell, J. M. Welsh and W. Hope Davis.

The secretary read the journal of the session of 1880, which was approved as correct.

Prof. Younkin addressed the association upon antiseptic surgery.

Prof. A. J. Howe then read a paper upon improvements in surgery and other surgical topics, criticising the methods usually known as Listerism. He spoke also upon anæsthetics, their uses and dangers.

Prof. Gunn reviewed Dr. Howe's position, declaring that Listerism had made abdominal surgery more successful and assuring greater safety in other operations.

Dr. Younkin spoke again in praise of antiseptic surgery; after which the association took a recess.

FIRST DAY.—AFTERNOON SESSION.

On reconvening the discussion of the morning was continued.

Prof. Olin, of Illinois, opposed the use of carbolic acid as preventing union by first intentions, by its destructive action upon the plastic lymph. He advocated water dressings and the use of chloroform in preference to ether.

Numerous papers were read.

The committee on credentials reported the names of thirty-eight delegates, all but one of whom were recommended for permanent members. The report was adopted and the persons named duly elected on motion of Prof. Howe.

Dr. Gunn replied to Dr. Olin in regard to antiseptics.

Dr. L. E. Russell opposed Listerism.

Dr. Howe again criticised the “little intricacies of the Lister treatment,” and replied to Dr. Younkin.

Dr. Younkin spoke ably and at length in favor of the antiseptic practice.

Prof. Jay declared that germs would grow in the carbolic spray. He did not employ it in practice.

Dr. L. E. Russell reported that the accounts of the treasurer had been examined and found correct. He proceeded to denounce the published volume of transactions as worthless.

Dr. Duff, of Illinois, replied with a vigorous declaration in regard to the transactions, their great value, etc., after which Dr. Russell retracted what he had said.

The secretary read the application of the trustees and faculty of the Eclectic Medical College of Georgia, asking to be included among the institutions recognized and entitled to be represented in the National Association.

The application was referred to a special committee of five.

Mrs. Dr. Campbell submitted verbally the case and claims of the Indiana Eclectic Medical College, and asked its recognition. The matter was referred to the same committee, which was announced as follows: Drs. J. M. Scudder, H. Wohlgemuth, Geo. C. Pitzer, L. E. Russell and J. B. Shultz.

Prof. Gunn addressed the association upon gynæcology. He described his treatment of the intramural uterine fibroid, and advocated the use of the galvanic battery, with internal use of extractum ergotæ and ammonium chloride. He recommended for ulcerated cervix the application of picric acid on pledgets of moistened lint.

The amendment to the by-laws, proposed last year, to change the day for election of officers from the third to the second day of the session, was called from the table by Prof. Howe, who moved its adoption. This was opposed by Prof. Gunn, as tending to derange the business of the association and sometimes to compel the abrupt termination of the annual meeting before the time.

Dr. Madden, of Ohio, stated that he was present when the by-law was amended in its present form, on motion of Prof. King, of Cleveland. It ought to be tried further.

Dr. McDonald also spoke in favor of the present rule.

Dr. S. B. Munn recited the circumstances which led to the adoption of the rule, and spoke of the abrupt termination of the meeting at Pittsburg. The men who came from distant points to attend these meetings, felt aggrieved at such things.

On motion of Prof. J. R. Borland, of Pennsylvania, the

whole subject was laid on the table.

On motion of Dr. Munn, the hour of nine on Friday was fixed for the election of officers.

Prof. Scudder delivered an address on the theory and practice of medicine. It was an able exposition of his peculiar views in regard to inflammation, phthisis, etc., and their treatment.

The Committee on Credentials reported in favor of receiving the Eclectic Medical Society as an auxiliary; also of electing Doctors Ault, Pruitt, Hattan and Congreve to permanent membership. The report and recommendations were adopted.

Dr. H. K. Stratford, of Chicago, presented an address on obstetrics by title. Other papers were now read by title.

Reports were made on the status of eclectic medicine in Maine, Rhode Island, Arkansas and Texas.

Dr. E. A. Hansen, of Wisconsin, was elected to membership on report of the Committee of Credentials.

On motion of Dr. Wilder, the next meeting of the Association was deferred till the next morning in order to afford opportunity for the sections to organize and do business.

SECOND DAY.—MORNING SESSION.

Prayer was offered by the Rev. Truman M. Post.

Letters were read from Prof. Potter, Drs. N. Jewett, D. E. Smith and others.

Dr. N. G. Smith submitted a report on the status of eclectic medicine in Indiana. There are 566 eclectic physicians in practice, 378 of them graduates, and 12 persons doing business on John Buchanan diplomas. The State Association was incorporated in 1870 and has 84 members. A medical journal is published and a college has already held one session.

On motion of Dr. N. G. Smith, of Indiana, Dr. Lewis Frazee, one of the original founders of the association was removed from active membership and made an honorary member.

On motion of Dr. Wilder, a resolution was adopted excusing Dr. Charles Band, of Nebraska, from all further demand for annual dues, on the ground that he has been a liberal benefactor and contributor to the funds.

Pursuant to an order of the association adopted last year,

the morning hour was set apart to clinical cases.

Prof. Olin performed a successful operation for artificial pupil.

Prof. Younkin made a short address in which he set forth certain peculiarities in the skeleton of a "subject" as follows:

Peculiarities in the anatomical and surgical anatomy of a Cadaver.

1. But one vertebral artery communicating with the basilar artery of the brain.

2. Six vasiculæ of the flexor sublimus digitorum muscles instead of four on each arm.

3. A lateral curvature of the spine.

4. An ununited fracture of the acromion process.

5. An intra capsular fracture of the anatomical neck of the humerus with osseous union.

6. Osseous union of the epiphyses of the bones of the pelvis.

Dr. Ingraham, of Illinois, presented an apparatus for the treatment of injuries by refrigeration.

Dr. Munn reported a case of fecal impaction, and gave details of the treatment and result.

The committee on credentials reported the names of five delegates from auxiliary societies, with a recommendation that they be admitted to permanent membership. The report was accepted and the candidates duly elected.

On motion of Mrs. Dr. Campbell, the paper of Dr. R. W. Geddes, of Massachusetts, was made a special order for the afternoon at two o'clock.

Prof. Scudder, from the special committee on the applications of the medical colleges, submitted the following report:

"To the President and Members of the National Eclectic Medical Association:

"GENTLEMEN: Your committee appointed to consider the matter of several applications—one from the Alanta (Georgia) Eclectic Medical College, and also one from the Indiana Eclectic Medical College—praying for a recognition by this association, beg leave to report:

"That they have fully enquired into all the facts, and upon thorough enquiry have arrived at the following conclusion, and recommend the matter of recognition be deferred for the

present at least, and until this Association can be better prepared to grant this favor.

(Signed)

JOHN M. SCUDDER, M. D., Chairman,
H. WOHLGEMUTH, M. D.,
GEO. C. PITZER, M. D.,
JOHN B. SHULTZ, M. D.,
L. E. RUSSELL, M. D.

"ST LOUIS, June 16, 1881."

Prof. Borland protested against the recommendation. It was not fair or just to Southern eclectics. They had almost superhuman difficulties to encounter, and ought at least to receive a word of encouragement. He would explain that Dr. Fishblatt, a man who had once been a member of this association, but now excluded from membership, had been removed from a place in the faculty.

Prof. S. S. Boots appealed to the association in behalf of the Indiana college and declared that the committee had been one-sided and had prejudged the case.

Prof. R. A. Gunn protested against any impugning of the motives of the committee. He himself disapproved of allowing medical colleges as such to take part in the controlling of the business of this association, and meant to offer an amendment to exclude them in future. But as the matter now stood, he would propose an amendment setting forth the better way. The report placed a partial censure on the colleges, which he believed ought not to be done. He would be a Methodist and receive them on probation. He read the following resolution :

Resolved, That the Indiana and Georgia Eclectic Medical Colleges be admitted to the privileges and receive the recognition of this association for one year, without representation, till after the report of the committee on credentials at our next meeting.

Dr. Scudder demanded that the testimony taken by the committee be read. This was accordingly done.

Attention was directed to the bestowment of diplomas on unworthy persons ; also to a proprietary nostrum made and vended by Prof. Kendrick, entitled, "Sovereign Remedy for Diseased Liver."

Dr. Wohlgemuth indignantly denied the imputations made upon the committee.

Dr. Kendrick explained that he had been relieved from severe disease of the liver by the medicine in question; that it was not patented, and he was willing to make the formula known to them all.

Mrs. Dr. Campbell made an earnest plea against the report of the committee.]

Dr. Duff also spoke against the recognition of the Indiana College.

Dr. J. A. Reid, of Iowa, advocated the amendment.

Dr. N. G. Smith, of Indiana, demanded the previous question; which was ordered.

The report of the committee was amended and the amendment adopted, admitting the two colleges to recognition, as proposed by Prof. Gunn.

Dr. J. A. Reid read a paper entitled "The Value of Vaccination as a Preventive of Small Pox."

Prof. Olin criticised the sentiment of the paper, taking the ground that the preventive virtues of vaccination were imaginary, and that the practice multiplied other diseases like iritis, syphilis, etc.

Prof. Gunn also denied the specific or other virtues of the practice, declaring that in New York several towns thus "protected" had been almost immediately after visited by epidemic, and that the individuals first vaccinated by Jenner himself contracted confluent small pox.

Recess.

SECOND DAY.—AFTERNOON SESSION.

The committee reported the name of W. D. Matney, with a recommendation to permanent membership. The report was adopted.

The treasurer read aloud the names of members delinquent in the matter of annual dues, with the amounts in arrears.

The special order was announced. The paper of Dr. Geddes was not offered, and no one present who cared to consider the subject.

Prof. Jay delivered an address on "Diseases of the Genito-Urinary Organs," explaining the treatment of prostatitis; also the operations of lithotomy and lithotripsy.

A clinical case next came up and was examined by Prof.

Gunn. A young man had been thrown from a wagon and badly injured in the back. There were several fistulous openings. He prescribed rest and good diet, scouting the idea of a scrofulous taint.

Dr. L. E. Russell presented a paper on "The treatment of Goitre," and exhibited specimens of excised glands; also, a uterine polypus, which had occasioned goitre. About two-tenths of these cases he said were females.

Prof. Scudder exhibited ten bottles of medicines prepared by Dr. G. M. Welch, of Kansas, and declared it a good thing for every physician to be his own pharmacist.

Dr. W. Hope Davis read a paper on "Malaria," which elicited debate.

Prof. Younkin exhibited a specimen of membranous matter vomited by a patient of under seven years old, formed by exudation.

Dr. Reid also showed a "vail" taken from the head of a new-born infant, presenting very similar characteristics.

Reports on states were now made verbally for the following states: Georgia by Prof. Borland; Illinois by Dr. Stratford; Iowa by Dr. Reid; Kansas by Dr. Welch; Michigan by Dr. McMaster; Missouri by Dr. McClanahan; Nebraska by Dr. Latta; New Jersey by Dr. Wilder; New York by Dr. Gunn; Ohio by Prof. A. J. Howe; Pennsylvania by Dr. Borland; Wisconsin by Dr. Judd.

Dr. Stratford read an extract from a paper giving an account of a proposed amendment to the code of the American Medical Association, prohibiting the instructing of students that would not follow the old school methods of practice.

Dr. Duff, of Chicago, said that there are two sets of old school practitioners—the liberals and the fighting mothers-in-law, the Sangrados, knights of the lancet and castor oil. He cited Sir Astley Cooper that the practice of medicine was blundering conjecture improved by murder. Such was "regular" practice. Dr. N. S. Davis was hardly a practitioner, at least a successful one. He paid a glowing tribute to Drs. Stratford, Jay, Pitzer and others.

Dr. Wilder called attention to the letter of Dr. Beam in regard to the blundering and calumnious description of eclecticism in Appleton's New American Cyclopædia. It was a libel. He had at the time himself offered the publishers a

sketch of the eclectic school, its history and doctrines, which had been declined. On his motion the following was adopted :

Resolved, That the executive committee be instructed to confer with the publishers of the Appleton's New American Cyclopædia in regard to a corrected and accurate description of the eclectic practice of medicine in future editions of that work.

Dr. Munn, from the committee on the new eclectic pharmacopœia, reported the following resolution which was adopted without dissent :

Resolved, That upon the preparation of the pharmacopœia for publication as contemplated, the president and secretary are hereby empowered and directed to transfer the copyright, in the name of this association to Dr. Albert Merrell, on condition that he shall publish the same in approved and creditable form at his own expense and without unreasonable delay.

Dr. N. G. Smith gave notice of a proposition to amend the by-laws so as to hold the annual meeting on the second instead of the third Wednesday of June.

Recess.

SECOND DAY.—EVENING SESSION.

Dr. H. K. Stratford took the chair at eight o'clock, and Prof. J. R. Borland was appointed temporary secretary.

Dr. Ingraham, of Illinois, delivered a discourse in favor of vaccination, showing its benefits, both as a prevention to small-pox, and in aborting other diseases.

Dr. Wilder stated that his own parents after "thorough vaccination" and "thorough protection," had both contracted small-pox. He opposed the practice as repugnant to sound sense, philosophy, and even science itself. He did not recognize the right of a physician to disease a patient on any such pretext. He cited Silgestroem, of Sweden, Newman, Humboldt, Herbert Spencer and others; and alluded to the fact that last year there were eleven deaths in New York City from erysipelas, the results of vaccination with bovine virus. In certain cases where deaths had so occurred, agents of the Board of Health had deliberately changed the record. Statistics in such men's hands could not be conclusive except as confessions. He referred to the theory of Dr. Spinzig, as

giving a rational theory of small-pox and the true modes of encountering it.

Dr. Ingraham spoke again.

Prof. Gunn reviewed the various statements of Dr. Ingraham, criticised the theories of pock-marks and methods, and cited the case of Dr. Jewett, a member who had been repeatedly vaccinated and had small-pox twice.

Prof. A. L. Clark made a close and scorching review of the argument and assumptions of the anti-vaccinators. He took special care, when making his strongest remarks, to do so in the presence, and not in the absence of those whom he attacked. His argument was dispassionate, and well calculated to convince, and not to displease.

Dr. Munn had been a vaccinator, but his observations and experience had demonstrated the fallacy of the practice. He placed it beside the lancet and the old treatment, as a custom of the day. He had had repeated cases in practice of vaccinated persons contracting confluent small-pox.

Prof. Borland argued that vaccination was a prophylactic.

Dr. Latta said there was something besides the pus and lymph—the specific *contagium vivum*.

Dr. G. H. Merkel has made microscopic examinations of so-called vaccine lymph, and also of the blood before and after vaccination, and promises some interesting facts concerning its appearance and character at no distant day.

Dr. M. Morton believed in vaccination, but was opposed to making it compulsory.

Adjourned.

THIRD DAY.—MORNING SESSION.

Prayer was offered by Dr. James H. McDonald.

The journal of the two proceeding days was read by the Secretary and approved.

A large number of papers was offered by title.

The Committee on Credentials reported favorably the names of Drs. S. H. McLean, W. H. Harris and James H. McDonald, who were elected permanent members—making fifty in all.

The roll of States and colleges was called, and the electoral committee announced. The committee retired pursuant to the order of the previous day.

Dr. Wohlgemuth was called to the chair.

Dr. McMullen read a paper setting forth the flourishing condition of eclectic medicine in the State of Kansas.

Dr. Wohlgemuth read a paper also on "Wealth and Poverty—their Relation to Health and Longevity." He referred significantly to the pains taken to prevent maternity as fore-shadowing the decay of the American people.

The Electoral Committee returned and reported the election of the following officers for 1881–2: President, William S. Latta, M. D., of Lincoln, Neb.; first vice-president, R. W. Geddes, M. D., of Winchendon, Mass.; second vice-president, S. S. Judd, M. D., of Janesville, Wis.; third vice-president, Hamilton S. Mc. MacMaster, M. D., of Dowagiac, Mich.; secretary, Alexander Wilder, Newark, N. J.; treasurer, James Anton, M. D., Lebanon, Ohio.

The committee had voted for place of meeting as follows: For New Haven, 12; for Topeka, 9; for Buffalo, 5; for Put-in-Bay, 3; for San Francisco, 2.

The president announced the order to be the selection of a place of next annual meeting.

Dr. Munn pressed the case of New Haven, and was supported by Prof. Gunn.

Prof. Borland moved to substitute Buffalo. Dr. Simmons moved to name Topeka.

The debate was very lively. Dr. Wilder said that a year ago he had voted and protested against St. Louis, as too far from the centre of our school. The sickly meeting of 1875 at Springfield, Ill., and half-moribund one at Washington, where it had been appointed in questionable faith, had so impressed him. We had prospered at Pittsburgh, Detroit, Cleveland and Chicago. The large accessions to our numbers in St. Louis, and our large attendance for all three days, had shown the wisdom of coming to St. Louis. Yet, while he favored going to the East next time, and exulted that we had done so well at St. Louis, he had learned that many more Eastern men would have gone to Topeka than came to this city.

Drs. Simmons and Williams promised free rides to California and everywhere else.

Dr. Borland withdrew his motion in behalf of New Haven, and said that as the Kansans promised, we would all have a

chance within a year to attend at Topeka on free tickets.

Drs. Hayden, Younkin and others spoke, Dr. Anton making the concluding speech in favor of New Haven. The amendment was lost, and New Haven selected by an overwhelming vote. Recess.

THIRD DAY.—FINAL SESSION.

Prof. Olin delivered an address on "Disorders of the Lachrymal Apparatus."

Dr. Judd described several cases of leprosy.

On motion of Prof. A. Merrell.

Resolved, That in future sessions of the association all papers submitted shall be referred by the president to the proper section.

Resolved, That in the absence of the chairman of any section, another shall be appointed by the president of the association to serve during the session.

Resolved, That its chairman shall convene each section at the earliest possible opportunity, and that such papers as have been submitted shall be considered, and the recommendations of the section communicated to the association.

Resolved, That the secretary of each section shall submit to the secretary of the association a list of all papers in their possession with the recommendation of the section thereon, and shall turn over to him such manuscripts at the close of the session.

The committee on credentials read their last report recommending for permanent membership, Drs. Laban A. Howard, of Litchfield; Amariah B. Conklin, of Manchester; L. Sanders, of Benson; Seth B. Lacey, of Greenville, and John A. Bostick, of New Troy—all in Michigan. The candidates were elected.

A resolution was adopted directing that papers for the transactions should not, except in extraordinary cases, exceed twenty printed pages.

The president announced the next business to be the installation of officers. The president elect was conducted to the platform by Drs. Gunn and Munn and introduced. He thanked the association for the honor which had come so unexpectedly, and asked support from the members in the discharge of his duties.

The three vice presidents were in turn escorted to the platform and made generous promises of great endeavor and fidelity

The secretary was next introduced, and after thanking the association for the honor which six elections had conferred, declared that the highest meed was the cordial heartiness with which his work had been acknowledged. He had been identified with this association from the start, having been the first singer of the call in 1870, and with eclectic medicine years before any person who had attended this meeting. From the tone and temper of this association its future may be augured. Its literature, as set forth in its transactions, the work of its practitioners, has already assured its place as a learned body.

He could say little more than to quote these lines of Byron:

“To shoot a beam into the dark assists
To make that beam do fuller service, spread,
And utilize such bounty to the night
That assists also, and that task is mine.”

He would now resume the duties of his office. Opening two letters just received, he presented the annual dues of the writers to the treasurer, and next read the following to the association :

“CRETE, Nebraska, June 15, 1881.

“To the National Eclectic Medical Association.

“GENTLEMEN:—Enclosed find draft for \$100. I also designate Profs. Wilder, Scudder, Gunn and Pitzer to choose two subjects that will be of the most interest to the profession for essays, \$50 each, or divided as the committee thinks proper. This is for the National Eclectic Medical Association meeting for 1882. Business prevents me from attending.

Respectfully, “CHARLES BAND.”

We can only say, the secretary added, “that this is just like Dr. Baud.”

The treasurer, Dr. Anton, was next presented, and delivered a characteristic speech, eloquent, but requiring a stenographer to do it justice.

On motion of Dr. Gunn, the thanks of the association were presented to the retiring president and officers of the last year for their fidelity and efficiency.

On motion of Dr. Borland, the proprietor of the Lindell Hotel, the committee of arrangements and others were gratefully remembered.

Thanks were also voted to Dr. Band, whose generous munificence, now three times bestowed, had accomplished so much to further the objects of the National Association.

A resolution was adopted offering thanks to Wm S. Merrell & Co, of Cincinnati, Ohio, and Parke, Davis & Co, of Detroit, Mich., and the Wheeler Chemical Works, of Chicago, for their fine pharmaceutical displays and their liberal distribution of samples. Also, to Aloe, Hernstein & Co., of St. Louis, for their fine display of surgical instruments.

The secretary called attention to the efforts made by Professor Pitzer, now and heretofore. He had done the work to secure the conveniences which had made the business of this session go on without friction, and to assure the success of this our most prosperous and successful annual meeting. Our railroad charges and board bills have been commuted; and this hall and other facilities have been at our disposal at no charge. Ever since Dr. Pitzer has belonged to the National Association, certainly since the present secretary took office, he has never slacked in effort, friendly office, or any service or even expense, which would further the business of the association.

Thanks were then voted to the railroads, citizens and clergymen, for their valued services.

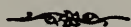
Dr. Madden gave notice of several amendments to the by-laws.

Dr. Younkin introduced a child that had been partly paralyzed, and its development of osseous tissue partly assisted by a fall. Convulsions and partial paralysis characterized the case.

Drs. Gunn, Olin and Pitzer passed judgment on the patient, and Prof. Younkin concurred.

The convention then adjourned to meet at the City of New Haven, on the third Wednesday of June, 1882.

ALEXANDER WILDER, Secretary.



DIPHTHERIA TREATED BY PILOCARPIN.

Dr. A. Ady, of West Liberty, Iowa writes, (the *Medical Record*): "I have treated four cases of diphtheria with pilocarpin; two were severe cases. the others light. The first case was a man twenty-one years old; his throat and tongue were so swollen when I was called to him that articulation was impossible, respiration and deglutition difficult. He was taking quinine, iron and whiskey, prescribed by a neighboring practitioner. One-third of a grain of pilocarpin was given hypodermically, and former treatment continued. The sialagogue action of the remedy seemed to be very soothing to the throat. The swelling was reduced within two days, and patient convalesced rapidly. Two other cases were taken in the same family—both males—one an adult, the other sixteen years old. One-third of a grain of pilocarpin was injected into the arm of each, giving immediate relief in each case, they needing no further treatment. The fourth case was a girl fourteen years old. I was called to see her the 6th of February. She was given one-third of a grain at once, hypodermically. No other treatment but the weak solution of tincture of iron and spraying of throat, as recommended by Billington. The diphtheritic membrane covered the tonsils, extended into the pharynx, the soft plate red and swollen. Upon visiting her the morning of the 7th, found her throat clear of the membranes, but still red and swollen. Continued the iron mixtures and spraying. On the morning of the 8th, I found that membranes had re-formed almost as heavy as at first. I then gave her pilocarpin, pepsin and muriatic acid, followed by a tablespoonful of wine, as recommended by Guttman, stopping all other treatment. It produced profuse salivation, and by the next morning all traces of diphtheritic membrane were gone and patient fairly convalescent. I have been treating diphtheria at various times for twenty-five years, and have had the usual bad luck that has attended all practitioners who

have had it to treat in its worst forms. I had been forced to believe that there was no established treatment for it, consequently was ready to try anything that was recommended by good authority. Am also aware that so few cases are not to be greatly relied upon, but shall certainly try it again if opportunity presents."—(*Chicago Med. Times*.

THE PHYSIOLOGICAL ACTION OF BEEF TEA.

The authority of Gustave Bunge is now added to the list of those who have taken ground against the value of beef tea and extracts of meat as articles of diet. He thinks the refreshment they give is only due to their warmth and pleasant taste, and that their chief value consists in enabling a person to take with appetite a larger amount of dry or tasteless food than he could otherwise do.

The statement of Liebig that the addition of meat extract to vegetable food increases its nutritive value, and that the extractive value of meat especially creatine and creatine is the material for muscular work, have been disproved by Voit and Meissner, and the idea that beef tea and meat extracts are beneficial on account of the salts they contain is an unlikely one, as those salts are already present in excess in ordinary food.

The suggestion however, that they answer the purpose of stimulants, like coffee, tea, and alcohol, seems to be confirmed by experiment. Small doses of meat extract quicken the pulse, but large ones produce paralysis of the heart and death. This action is attributed to the potash salts contained in the extract, as the ash alone produced the same effect as the quantity of extract from which it had been obtained.—*Harper's Monthly*.

[We do not expect that the readers of this Journal will adopt the sentiments contained in the above article in their entirety, but to read both sides is the only way to arrive at truth.—*Ed.*

PUERPERAL SEPTICÆMIA.

By J. V. Lewis, M. D., Alliance, Ohio.

PRESENTED AT THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Many of the ablest writers on the disorders of the puerperal female, are of the opinion that "there is no disease which attacks puerperal woman and puerperal woman only." There are others, who rank as leaders in this particular department of medicine, who hold that there are fatal disorders peculiar to the parturient and lying-in female. The limits of this paper precludes the possibility of a comprehensive review of the conflicting opinions of these distinguished authors. In the present state of thought, it is impossible to arrive at a satisfactory conclusion on this subject, for, "when doctors disagree, who shall decide?" Nor is it material whether we use the term puerperal fever or puerperal septicæmia, if both appellations are held to comprehend the same pathological conditions. The older writers made the term puerperal fever do duty in naming the fatal diseases of the puerperal female; modern authors find the term puerperal septicæmia more euphonious and equally comprehensive. Both parties to the question are at sea when asked to fit all the disorders of the parturient or lying-in-female to their respective titles. It is true that while they fail to accomplish the feat, they manifest creditable ingenuity in their efforts to do so. But their arguments tend more to confuse than to elucidate the subject. Some of them purposely cloud their opinions, so that when the question shall be definitely determined, they may be enabled to interpret their ambiguous expressions in consonance with the facts of the case, and so may stand among the successful investigators of this most difficult and perplexing subject. But, in accordance with the tendency of modern thought,

we denominate the fatal disorders of child-bed, puerperal septicæmia. We use the plural of disorder advisedly, for, we have the most positive and convincing evidence, that septicæmia may be manifested in all the fatal phlegmasia of the puerperal period. And we are informed by high authority that it may be a primary or secondary disease. In the first case it results from the absorption of septic matter; in the second case the complaint begins as a simple inflammation, resulting in suppuration and septic absorption. Therefore, the disorder may result from a variety of causes, and it may attend any one or all of the intro-pelvic and abdominable inflammations of the puerperal period. It is also claimed that the distinguishing feature, as to whether it is a primary or secondary affection, is that in the first case, the onset of the disorder is marked by a sthenic type; in the second, an asthenic type. But this distinction cannot be maintained in the face of the fact that all forms of inflammation are asthenic—diseases of weakness; and the writers who set forth this distinction make the septicæmic disorder consequent upon the puerperal peritonitis, etc. But when we come to the consideration of the doctrine of contagion, as applicable to this disease, the conflict of opinion becomes more embittered. Even those who support the theory that the complaint is communicable, bitterly contest the nature of the contagium, reminding one of the story of the armed warriors who sprang from the dragon's teeth sown by Cadmus. They are intent only on each other's destruction. The "germ-theory" is made to do duty for those who believe that innumerable bacteria, microzymes and vibrios of different species, representing the several contagia, environ us and permeate our tissues, armed with the potencies of death, awaiting but the signal that an appropriate "nidus" is ready, that they may generate disease and destroy us. Of course, if this theory is true, there is a species of bacterium, microzyme, or vibrio ready for the destruction of puerperal woman, and anxious for the prey. But Doctor Beale in his masterly work, "The Microscope in Medicine," annihilates this doctrine, and rates "degraded bioplasm," or the "wandering cell," with the terrors of pestilence and the arrows of death.

But, aside from these conflicts of opinion, it is certain that the disorder under consideration defies the laws of contagion;

so that we must either change our views as to their character or consider that puerperal septicæmia is not contagious.

Resting upon the theory that the disorder is "brought on by the entrance into the blood, through the veins or lymphatics, of various non-specific animal poisons," and that it is seldom, if ever, the primary link in the chain of phenomena, we can readily understand why it may be manifested in any one, or in all, of the fatal phlegmasia of the puerperal period. There is no invariable symptoms to signalize the approach of the disorder. The most frequent period of attack is from the second to the fourth day after accouchment, though it may come on previous to labor, and may not appear until the second week of confinement. An attack may be ushered in by a severe chill, or it may make the assault insidiously; the first warning being slight chilly sensations with a feeling of languor, soon followed with extreme lassitude and great nervous depression and dread of impending danger. Ere long the whole nature of the patient is changed. Fear and anxiety take complete possession of her mind. Every lineament of her features tells the encroachment of the destroyer. The pulse loses its force, and its rapid beat speaks of the failing energy of the heart and nervous system. The temperature rises; the debility increases, and the danger becomes more imminent. There may be rigors followed by profuse perspiration, but in severe cases this cutaneous transpiration affords no relief. In other cases the skin is hot, dry and pungent. The lochia and the lacteal secretions are generally deficient or entirely suppressed.

If the disease is allowed to progress, the nervous symptoms become more marked and the debility more extreme. Gastric irritation and diarrhoea are generally troublesome symptoms. In the onset the tongue may be clean, or coated with white fur; or it may have a tinge of brown and present a fiery-red appearance at tip and edges. But, as the disorder progresses, the tongue may become heavily coated, white, dirty brown, or brownish, and may be moist or very dry. In some cases it is a deep red color and covered with very dark coating. With some patients there is active determination to the brain with contracted pupils; while others the head is cool, face pale, and pupils dilated. The first are marked with active delirium; the second with dulness and hebetude. In the

latter stages the skin may present a dusky or a yellowish hue, and there may be a cadaverous odor from the body. There is generally present, in severe cases, tumefaction of the abdomen from flatulent distension or fluid effusion, accompanied with great pain. The uterus is frequently very much enlarged, and the ovaries are often the seat of violent pain.

As the disease advances, all the symptoms become more aggravated, and the ghastly countenance of the sufferer tells, in language too plain to be misinterpreted, that the vital powers must soon succumb to the destroyer. Sordes appear on the teeth; a dirty, sticky secretion lines the mouth; the urinary secretion is diminished or entirely suppressed; the rectal evacuations are involuntary; the pulse becomes thready, and is almost lost at the wrist. Singultus may augment the distress of the patient, and subsultus tendinum may appear to add to the trying scene. As we contemplate the sad transition of the loving wife, and stricken mother, there is, perhaps, a shudder, or the look of anguish disappears, and the last scene of all that ends this strange eventful history is enacted.

But, whatever theory may prevail as to the nature of puerperal septicæmia, the paramount question is, how to successfully treat the disorder. Believing that all diseases are evidence of impaired vitality, and that the one under consideration indicates extreme prostration of the vital powers, we would naturally resort to conservative treatment, and avoid all harsh and debilitating measures. In no case is the fact more emphatically exemplified that "cleanliness is akin to godliness," than in the management of this complaint. Good ventilation and the liberal use of disinfectants are indispensable. In the first stages of this disease, if the pulse is full, strong and frequent, *Veratrum* may be prescribed; but, even in small doses, its effects must be carefully noted, and the remedy must be immediately suspended if symptoms of prostration supervene. If the pulse is but slightly increased in strength and accelerated, *Aconite* is the remedy. If very small and quick, *Rhus* may be added to the *Aconite*. If there is much determination to the brain, with contracted pupils, *Gelseminum* is indicated. Face pale and pupils dilated, calls for *belladonna*. Muscular pain and soreness, *Macrotys* and *Bryonia*. If the serous membranes are involved, *Asclepias*

and Bryonia. Extreme nervousness and fear of impending danger, pulsatilla or Staphysagra. Precordial oppression, lobelia. To restore the lochia, ipecac and pulsatilla. If there is present abdominal swelling, or enlargement of the uterus, the free application of an ointment of polymnia, or the discutient ointment of the American Dispensatory, will prove beneficial. If the vaginal discharges are offensive, a wash of weak solution of chlorate of potass will have good effect. If acrid and burning, bi-carbonate of soda is the better remedy. Abdominal pain calls for Nux, and pain of the ovaries, Ignatia. Cadaverous odors of the body, chlorate of potass. Dusky color of the skin, Baptisia, and an icterode appearance of the skin and the conjunctiva, Nux and Chionanthus. Profuse perspiration, salicylic acid and belladonna. The appearance of the tongue may indicate particular remedies. If it is red at tip and edges, infusion of peach, subnitrate of bismuth, ipecac and small doses of morphia may be used, as the case may require. White coating of the tongue, bicarbonate of soda. Heavy white coat with offensive breath, sulphite of soda. Dirty white coat, sulphuric acid and bichromate of potass. Dark coating or deep red tongue calls for acids. In the last case good hard cider is decidedly curative. Muriatic acid may also be used. Diarrhoea and enteric irritation may be relieved with Dioscorea, Epilobium and tincture of muriate of iron. If periodicity is manifested, quinia must be administered in full doses until this symptom is controlled. Restlessness, when there is no determination to the brain, may be overcome with the use of quinia sulphate, in combination with diaphoretic powder; but if the pupils are contracted and face flushed, gelseminum and bromide of sodium are the remedies. Prostration must be met with the liberal use of alcoholic stimulants and tonics regardless of complications. In many cases quinia and stimulants are the anchor of hope to stay the progress of the destroyer. A puffy state of the skin, sordes on the teeth and a sticky secretion in the mouth may be removed by the use of Apocynum. Food must not be neglected, milk, soft eggs, beef tea and even small quantities of rare beef may be allowed, the main object being to sustain the strength of the patient during the progress of the disorder. In the majority of cases, the leading indications are the judicious use of quinia and alcoholic stimulants; the

proper antiseptic, a liberal supply of good nutritious food, conjoined with cleanliness and thorough ventilation of the sick chamber.



INSANITY.

Although this is purely a mental disease, it not unfrequently proceeds from physical causes ;—some derangement of the animal functions acting upon the nervous system, of which the brain is the chief seat and centre. In most cases where it comes on, there is some preceding disorder by which the general health is materially affected. There is, probably, failure of appetite, restless nights, constipated bowels, and an excited and irritable state of mind ; fretfulness, peevishness, and perhaps at times whimsicalities and eccentricities of conduct, with great fluctuation of spirits. These symptoms will sometimes remit for a season, and the patient regain his usual health and spirits ; but oftener they become gradually more and more marked and perceptible, until there is no longer any doubt of the nature of the malady, which may become confirmed in one or other form of insanity.

AUSCULTATION.

It is affirmed that Leopold Suenbrug, a Viennese physician, was the first introducer of this means of diagnosis, which he announced in a small Latin work, published in 1761, as an *inventum novum*. It was not until 1808, when Corrvisart, a French surgeon, translated his work, that the practical value of the discovery was recognized. Soon after this, the practice of auscultation became general in France, and spread from thence all over Europe, and, indeed the whole civilized world. It received an immense impetus in 1816, when Laennec invented the Stethoscope, by means of which what is called "mediate auscultation" became practicable.

FOOD FOR THE YOUNG.

In the earlier periods of life, when growth is most rapid, it is of vital importance that there should be plenty of exercise and plenty of good wholesome food. The appetite of a growing child should not be stinted, neither should it be pampered. He is not likely to eat too much of that which is really nutritive and fit for him, and it is a very mistaken kindness to let him eat to repletion of that which is not so.

Mischief sometimes arises from taking food, or rather swallowing it hastily and but partially masticated, thus leaving the stomach to labor in performing, or in endeavoring to perform, a work designed for the teeth. The digestive organs have more than their proper work to perform, and naturally rebel. Children should be taught to take time sufficient to eat their meals, and to thoroughly masticate their food.

MISCELLANY.

CHLOROSIS. There are individuals whose constitutions are so intolerant of iron, and are so peculiarly affected by it, that we are compelled altogether to forego the administration of this useful remedy. Some patients cannot endure it, except in quantities insufficient to effect a cure. We are in consequence compelled to look about for a substitute, and the most efficient one is probably bismuth. Under the use of this article, gradual and satisfactory cures have resulted. Carbonate of Ammonia, and the salts of Peruvian bark are also of value.—*Ex.*

SCURVY. Some French physicians have concluded that salt meat does not play so great a part in the production of scurvy as is generally supposed, and a writer in a Paris journal says, the experience of the garrison at Metz settles all doubt in the matter. Although deprived of salt meat from the fourth of September to the seventeenth of October, the garrison suffered terribly from scurvy. The disease is attributed to cold and damp, to the want of fresh vegetables, to over drill, and above all to insufficient food.

CROTON OIL. Dr. Bassett states that he has prescribed this agent in several cases of dropsy of the abdomen and lower extremities, with the most decided advantage. He has uniformly found the oil to produce watery foecal evacuations, to increase the secretion of urine, and to invigorate not only the stomach, but apparently all the vital organs. In a case of hydrocele of long standing, exhibited twice a week, this remedy succeeded in curing the disease in the course of a month.

NERVOUS IRRITABILITY. A writer in recommending the Bromide of Ammonia for this difficulty, says it has a special action upon the brain and spinal cord in removing congestion, or in allaying nervous irritability, and equalizing the nerve

centres. It is one of the best agents for procuring sleep, in relieving asthma, hooping cough, and nervous cough. It is well adapted for children, or patients of feeble vitality. The dose is from one grain to half a drachm.

THE MEDICAL PROFESSION. The medical profession will never become what it is capable of being made, till the public are prepared to judge of professional character and qualifications,—till the people are sufficiently well informed on these subjects, to discriminate between the medical friend who deserves their confidence and co-operation, and those ignorant and unprincipled pretenders who deserve only to be driven from society.

ABSTINENCE. A full and regular supply of good nourishing food is necessary to some constitutions, and there is no greater mistake than that often committed by persons of weak digestive powers, who fancy the less they give the stomach to do the better, and therefore, half starve themselves; by this means they permanently lower the tone of the whole system, and weaken yet more those very organs which are already too weak.

UTERINE INFLAMMATION. In all forms of this trouble, it is affirmed that the "high cranberry," as a stimulant to restore the organ to its normal condition, is unexcelled. It possesses wonderful control over that organ as a stimulating relaxant. In acute forms of this disease, administered with, or in alternation with aconite and veratrum, it will speedily cut short the inflammatory process.

TETANUS INFANTUM. Prof. J. Lewis Smith says of the use of chloral in this disease:—"The remedy which, in my opinion, is far preferable to all others, is hydrate chloral. Since the introduction of this agent into therapeutics it has been employed by several physicians in the treatment of this disease, with so good a result that it will probably supercede all other medicines for this purpose."—*N. Y. Med. Abstract.*

CARBOLIC ACID ANTIDOTE. Sulphuric acid in moderate doses is recommended by Dr. Stanfleben, of Russia, as an antidote for carbolic acid. The two acids are said to combine, and to form a non-poisonous compound. According to the

Medical Herald of Louisville, Ky., it is to be given in simple syrup and the syrup of gum arabic. Success depends upon its early administration.—*Chicago Medical Times*.

WASP STING. It has been found by experience that the best remedy for the sting of wasps or bees, is to apply the common salt of the table in a little water; and even where the insect has been accidentally swallowed, and the person stung in the throat, the pain will be almost instantly relieved by swallowing repeated doses of salt and water.—*London Mag.*

MEDICAL PROGRESS. Medical science is improving, but not as fast as it might, for many obstacles to it still exist. These obstacles are to be exposed, and resisted, and if possible, annihilated,—and the more of this good work any individual, or society shall accomplish, the more they will deserve approbation and reward, whether such be accorded them or not.

FLOODING. Dr. Barnes, of London, states that he injects a solution of perchloride of iron into the uterus to arrest hæmorrhage after abortion and labor, and has long done so with excellent effect. He no longer dreads flooding, as of old. He also recommends swabbing as being in many cases preferable to injecting.

THE COUGH OF MEASLES. The Tincture of *Drosera Rotundifolia*, (Sundew,) from ten drops to one drachm, in four ounces of water, given in teaspoonful doses every three or four hours is a specific in the cough attending and following the measles. It can be procured of German druggists.—*Dr. Scudder*.

BROMIDE OF POTASS. Dr. Niven states that in four cases of cholera in which he employed bromide of potassium, the most remarkable success has followed. He used it in doses of half a drachm every hour, and found that it exerted so powerful an effect upon the nervous system as very shortly to put a stop to the cramps.

DISINFECTION. The employment of carbolic acid vapor as a disinfectant is recommended in cholera or fever hospitals. The acid should be placed in a small porcelain dish, which is to be floated in a larger vessel of hot water, the heat of the latter being maintained by a gas jet, or similar means.

ACID SULPHURIC AROMATIC. This agent possesses tonic virtues of a marked character. It holds the sulphate of quinine in solution, and is valuable being both a good solvent, and itself a good tonic. It is of rare value in passive hemorrhoides and hæmoptysis, where there is pale countenance, cold extremities, weak pulse, and loss of appetite.

TERTIARY SYPHILIS. This is always a giant foe, and requires the most energetic appliances known to science to combat it successfully and expel it permanently from the system. In many instances, everything known to the best-educated fails to stay the career of destruction.—*Henry S. Firth, M. D.*

EXERCISE. This is almost as necessary for children, for their health, as food. Judgment is to be used in regard to quantity, the kind, and the period at which it should be taken. Parents who keep their children (whether infants or older,) housed up all the time, make a serious, and sometimes fatal mistake.

LOSS OF APPETITE. Sedentary pursuits and want of proper exercise, often result in loss of appetite, arising from derangement of the digestive organs; so does breathing impure air, excessive drinking, or anything by which the tone of the stomach becomes injured and the general strength impaired.

COLORLESS IODINE. The use of iodine is oftentimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colorless without destroying its therapeutic properties.—*Medical Summary.*

LIFE Life depends on certain conditions; these conditions depend on certain arrangements of material substances; such arrangements of material substances constitute organization; organization is thus an essential condition of life.—*Paris Medical Archives.*

CACTUS GRANDIFLORUS. This is said to be a superior remedy in all diseased conditions of the heart; valuable in atrophy as well as hypertrophy of that organ. The dose is from ten to forty drops three times a day.

HEAT AND COLD. The coldest hour of the twenty-four is five in the morning, and the warmest is from two to three in the afternoon. The mean heat is from half past eight to half past nine. The greatest range is in July, the least in December.—*Ext. Science.*

RAILROAD SURGEONS. On the Swedish railways those who act in the capacity of guards, are required to have a knowledge of the elements of surgery, that, in case of accidents, they may be able to render surgical assistance. An ambulance, fitted up, with every requisite, forms a part of each train.

THE TONGUE. M. Guelbert, of Paris, has pointed out as a fact, that in Choleraic diarrhoea, the tongue is flat, large, moist, whitish and cold. In bilious, or irritative diarrhoea, it is elongated, pointed, and more or less red at the sides and tip.

ERYSIPELAS. Dr Hilton says, never use cold applications in cases of erysipelas. Warm fomentations medicated with poppy or hemlock should be used. The vitality of the part is always lowered by erysipelas.

WISE CAUTION. Never condemn your neighbor unheard, however many the accusations preferred against him. Every story has two ways of being told, and justice requires that you should hear the defense as well as the accusation.

ELECTRICITY. Otto Guericke first observed the spark and light of electricity. Dr. Wall first noticed the resemblance of electricity to thunder and lightning. The Leyden jar was discovered by Von Kleist in 1774.

GRECIAN GAMES. The candidates for the Grecian athletic games were dieted on new cheese, dried figs, and boiled grain with warm water, and no meat. The games consisted of leaping, foot races, darting, quoits, wrestling, and boxing.

MAN. The common definition of man is false ; he is not a reasoning animal. The best you can predict of him is, that he is an animal capable of reasoning—*Warburton.*

EDUCATION. The design of education is to discipline the intellectual and moral powers, and to acquaint the mind with facts.

MEMORANDA.

1751. The plague in Constantinople destroyed 200,000 lives.
1752. The small pox in Boston caused over 500 deaths.
“ Dr. William Chesselden died in England aged 64 years.
“ Dr. John G. Juncken died in Germany aged 72 years.
1754. Dr. Richard Mead died in England aged 81 years.
1757. Dr. Henry Hooper died in Newport, R. I. aged 70 years.
“ Dr. David Hartley died in England aged 52 years.
“ Catarrhal fever was very mortal in New England.
1758. Dr. Laurence Heister died in Germany aged 55 years.
1759. The small pox raged at Copenhagen.
“ Measles were epidemic in parts of America.
1760. The plague at Cypress destroyed 20,000 lives.
1762. The yellow fever raged in Philadelphia, Pa.
“ The plague raged in Aleppo and destroyed 11,000 lives.
1763. The plague in Bengal destroyed 38,000 lives.
1766. Dr. Robert Whyatt died in Scotland aged 52 years.
“ Dr. Zabdiel Boylston died in Massachusetts aged 86 years.
1767. Dr. Alexander Monro died in London aged 70 years.
“ Dr. Francis B. Sauvages died in France aged 61 years.
1768. Dr. John Martyn died in England aged 69 years.
1769. Measles were epidemic in New England.
1770. Dr. Francis H. LeDran died in Paris aged 85 years.
“ A pestilence in Poland destroyed 250,000 lives.

EDITORIAL NOTES.

Anatomical Studies Upon the Brains of Criminals.

We have received from the publishers William Wood & Co., 27 Great Jones Street, New York, a work just issued from their press bearing the above title. Its author is Moriz Benedikt, professor at Vienna, and is translated by E. P. Fowler, M. D., New York, of the Department of Translation, New York Medico-Chirurgical Society.

This volume is illustrated with figures representing various sections of the brains of different criminals, accompanied with suitable notes and figures of an explanatory nature. The work appears to be exhaustive in its character, and is evidently the result of extended and assiduous research. It invites to a closer study of cerebral anatomy, and whoever attempts the perusal of this new contribution to anthropology, medicine, jurisprudence, and psychology, must take time for it, and give it his undivided attention. It is in many respects a remarkable book, and its arguments seem to be based upon the dogma that prevailed anciently among natural philosophers, viz.:—that man thinks, feels, desires and acts according to the anatomical construction and physiological development of his brain.

The illustrations in this volume contribute an interesting addition to cerebral anatomy, and no physician can study its arguments and reasonings without having his mind interested, and essentially adding to his stock of useful knowledge.

Mr. Frank Rivers, No. 35 Bromfield Street, is the agent for the publishers, and has on sale not only this volume, but a large assortment of works upon almost every branch of medical science.

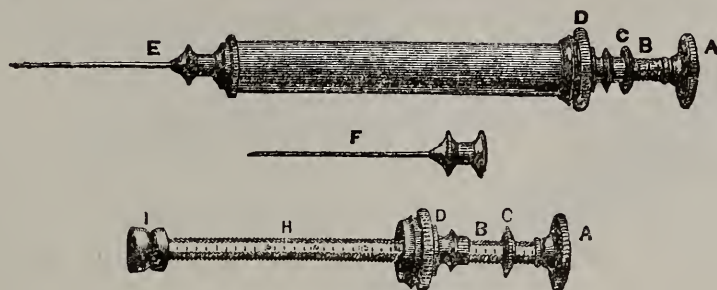
The Boston Eclectic Gynecological Society.

This society held its regular meeting in the parlors of G. H. Merkel, M. D., Shawmut Avenue, on the 26th of last month. A larger number than usual was in attendance. The principal feature of the evening was the reading of an elaborate essay by Dr. F. L. Gerald, of Hyde Park, upon "Chlorosis." The subject had evidently been carefully considered by the writer, and the causes, peculiarities and treatment of the disease were fully set forth in the essay.

The discussion that followed was of a very interesting character, and much light was thrown upon the subject in the remarks made by Drs. Merkel, Miles, Wilder, Perrins, Green and Newton. The consideration of the subject of the essay occupied the entire time of the evening up to the hour of adjournment, when the exercises closed after the enjoyment of one of the pleasantest and most instructive meetings of the season.



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These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

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Prices; No. 1, \$3.50; No. 2, \$4.00; Postage, .03. | No. 3, \$2.50; No. 4, \$3.50; Postage, .02

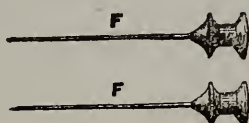


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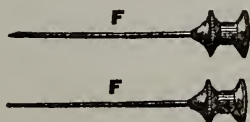
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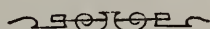
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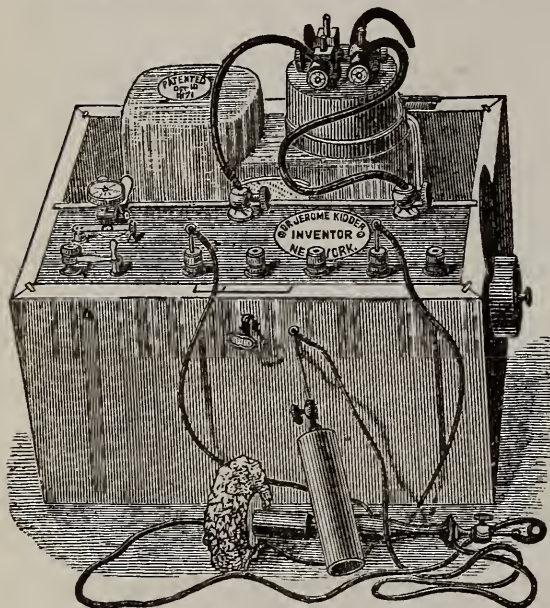
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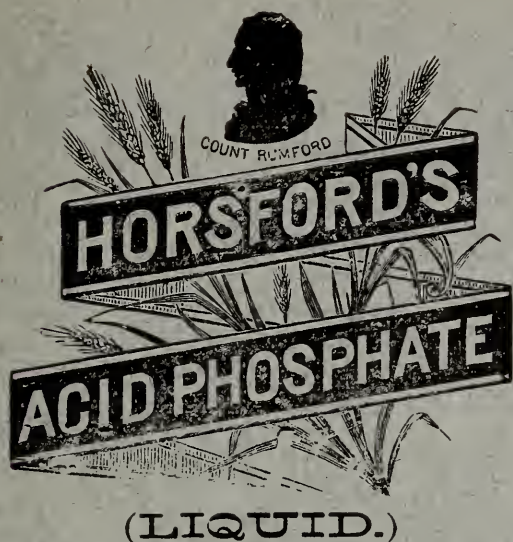
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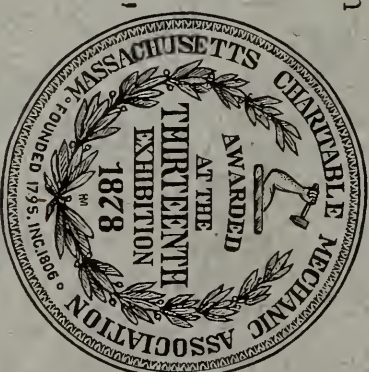
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H. G. BARROWS, M. D.
(FELLOW OF THE MASS. ECLECTIC MEDICAL SOCIETY.)

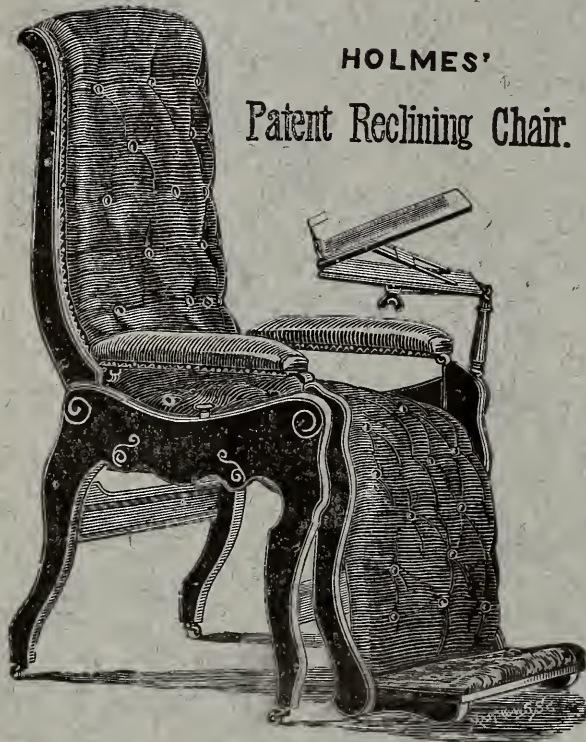
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VOL. I.

BOSTON, SEPTEMBER, 1881,

No. 9.

WAHNSINN, OR ILLUSION.—A SPECIES OF INSANITY.

By G. H. Merkel, M. D., Boston.

PRESENTED AT THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

— CONCLUDED. —

The monthly activity of the ovaries in women has a notable influence upon both mind and body; and frequently becomes an important cause of mental and physical derangement. Most women at that period are susceptible, irritable, and capricious. Any cause of vexation affects them more seriously than usual; and some who have the insane neurosis exhibit a disturbance of mind almost equivalent in itself to disease. A sudden interruption of menstruation has produced a direct explosion of insanity; or, occurring some time before an outbreak, has proved an important link in its causation. It is a matter also of common experience in asylums, that exacerbations of insanity, and, from my own observation and that of many of my medical brethren who have made gynæcology their special pursuit, I believe also, that

the variety of mental derangement most frequently following menstrual irregularity or ailment is that connected with the sexual organism, the "erotic." It is decidedly a recurrent mania, and certainly has, in regard to its origin and periodicity of its attacks, a definite relation to the menstrual function, suppression or irregularity of which usually accompanies it; the obvious presumption being that the mania is a sympathetic morbid effect of the ovarian and uterine excitement, and is simply an exaggeration of the mental irritability natural to women at that period. It presents strong features of relationship to epilepsy; and might be aptly termed an epilepsy of the mind. It will also be generally found that it occurs usually in cases where there is an hereditary taint of insanity or epilepsy, or possibly both. Dr. Maudsley relates a case of an unmarried lady who had, for many years, been subject to these recurrent attacks of mania, and whose intelligence was destroyed by them; ultimately true epileptic fits supervened, but they only occurred twice a year, while the maniacal attacks had recurred regularly every three or four weeks.

The change of life, or natural cessation of the menses, is accompanied by a physical revolution which often severely tests the mental stability of those in whom there is an hereditary disposition to insanity. The age of pleasing has passed; but not so the desire, for that frequently grows more intense and exacting. There are all kinds of anomalous sensations of bodily distress, attesting the disturbance of circulation and of nerve-functions. It is now that an insane jealousy and a propensity to stimulants are apt to appear, especially where there have been no children. It is an extraordinary, but no less demonstrable fact that in all forms of insanity connected with menstruation and child-bearing, the *absence* of hereditary predisposition to insanity is extremely exceptional.

As fancy or imagination is the predominating element in all cases of hallucination, or mental delusion, we will briefly examine the process of development of this principle from its legitimate exercise in daily life to the exaggerated form in which it appears in the paroxysms of insanity. How much the effect of even disagreeable things depends upon our knowing that they are so, is shown in every day experience; and the cause is universally referred to the imagination.

“There may be in the cup
 A spider steep'd, and one may drink, depart,
 And yet partake no venom ; *for his knowledge*
Is not infected ; but if one present
 Th' abhorred ingredient to his eye, make known
 How he hath drunk, he cracks his gorge, his sides,
 With violent hefts ;— I have drunk and seen the spider !”

The intensity of idea is greatly increased by the belief, faith, or expectation that certain phenomena will occur, and powerfully affects the body for good or ill, according as it is associated with hope or fear. Both are frequently allied with expectation and belief. When belief is intense, we say: there is confidence ; doubt is excluded, and faith is all-powerful. The imagination has risen from a mere idea, image or conception, to an irresistible conviction ; the very mental condition which, from a medico-psychological point of view, is the desideratum, in undertaking the treatment of diseases admitting of amelioration from the psychical method. The word *imagination* is frequently employed in far too comprehensive and lax a way, the emotions being unwarrantably combined and confused with it. This is more particularly the case when its evil rather than its beneficial aspect is dwelt upon. The old French Commissioners in their report on Animal Magnetism, for example, observed ; “As to the imagination, we know the derangement which a vivid and sudden impression has often occasioned in the human machinery. The imagination renews or suspends the animal functions ; it animates by hope or freezes by fear ; in a single night it turns the hair white ; in a moment it restores the use of the limbs or the speech ; it destroys or develops the germ of diseases, it even causes death.” Concurrent, and almost identical with the development of this imagination, are the elements of sympathy and imitation. Sympathy exercises an equal influence upon the mental and sensational forms of feeling. The influence upon sensation of a mind *en rapport* with another mind illustrates both effects. One who sympathizes strongly with another who is suffering from bodily pain, will most probably suffer more or less severely from the same affection himself. The emotional element usually enters largely into this condition, but there may be what is termed *sympathetic pain*, when the knowledge, abstract idea, or conception, is alone sufficient to

induce corresponding bodily sensations, without any excitement of emotional sympathy. At this point it really merges into imitation. For with both it is this knowledge or apprehension of another person's state, which, more or less involuntarily, causes similar actions. Whatever mental or bodily state can be excited through the senses from without, may arise within, from imagination proper. All these sympathies come into play when we only imagine ourselves to be acting on the stage of life. It is this principle well known to psychologists, but so often overlooked by the public; and both principles united to serve to form a clew to many bodily manifestations, the effects of mental states, otherwise inexplicable. Imitation is closely allied with phenomena popularly referred to the imagination; with those remarkable psychological dramas which have at various epochs arrested the attention of the world, foremost among which are Electro-biology, Hypnotism, and Mesmerism. Individuals under the Electro-biological influence persuaded that he is in danger of being lost in the snow, shivers with imaginary, but to him no less real cold. Adopting the expression which the Tichborne trial has rendered so proverbial, we may say that Shakspeare would have been "surprised to learn" that a man can hold a fire in his hand by thinking on the frosty Caucasus, and, conversely can—

"Wallow naked in December's snow,

By thinking on fantastic summer's heat;"

for a central sensation of ideal or subjective origin, can forestall or supplant the sensation derived from a peripheral impression.

Prof. Gregory reports one of those frequent cases in which, by suggestion, "the subject" experiences a variety of sensations. "One arm was deprived of sensation, or both arms, or the whole frame. He was made to feel a knife burning hot, and the chair on which he sat equally so. When he started up, he was made to feel the floor so hot that he was compelled to hop about, and wished to pull off his boots, which burnt him. He was made to feel the room intolerably warm, and actually perspired with the heat, after which he was made to feel it so cold that in a minute or two he buttoned his coat, and walked about rubbing his hands. In about five minutes his hands were really chilled as I found, like that of a person exposed to the frost."

A curious illustration of the influence of the imagination in modifying the perceptions of sensorial impressions derived from the outer world, occurred during the conflagration at the Crystal Palace, London, England, in the winter of 1866-67. When the animals were destroyed by the fire, it was supposed that the chimpanzee had escaped from its cage. Attracted to the roof, with this expectation in full force, many of the spectators imagined they saw the unhappy animal holding on to it, and writhing in agony to get astride of one of the ribs. It need not be said that its struggles were watched by those below with breathless suspense, and, as the newspapers informed us, "with sickening dread." But there was no animal whatever there, and all this feeling was thrown away upon a tattered piece of blind so torn as to resemble, to the eye of fancy, the body, arms, and legs of an ape.

A lady was walking one day from Penrhyn to Falmouth, and her mind being at that time, or recently, occupied by the subject of drinking-fountains, thought she saw in the road a newly-erected fountain, and even distinguished an inscription upon it, namely:

"If any man thirst, let him come unto me and drink."

Some time afterwards she mentioned the fact with pleasure to the daughter of a gentleman who was supposed to have erected it. They expressed their surprise at her statement, and assured her she must be quite mistaken. Perplexed with the contradiction between the testimony of her senses and of those who would have been aware of the fact had it been true, and feeling that she could not have been deceived for "seeing is believing," she repaired to the spot and found to her astonishment that no drinking-fountain was in existence—only a few scattered stones which had formed the foundation upon which the suggestion of an expectant imagination had built the superstructure. The subject having previously occupied her attention, these sufficed to form, not only a definite erection, but one inscribed by an appropriate motto corresponding to the leading idea.

Sir Walter Scott was the subject of a similar illusion, after reading an account of his friend Byron's habits and opinions, published shortly after his death. Sir Walter was passing from one room to another in his mansion, he saw (or rather imagined he saw,) the exact representation of his departed

friend standing right before him. For a single moment, his imagination led him to believe that it really was Byron, with all his peculiarities of dress and posture. He was, however, at last, sensible of the delusion, and felt no sentiment, save that of wonder, at the extraordinary accuracy of the counterfeit resemblance, and stepped onward toward the supposed figure, which resolved itself, as he approached, into the various materials of which it was composed. These were merely a screen occupied by great coats, shawls, plaids, and such other articles as are usually found in a country entrance-hall.

The following distich appeared, some years since in "*Macmillan's Magazine*," on the power of Imagination:

"Remember you told me
Believe and you'll see;
Believe 'tis a body
And a body 'twill be.
Lo, should you tire walking
This hot summer tide;
Believe your staff's Dobbin
And straightway you'll ride."

A striking incident occurred, a few months since, at my office, illustrating the tangible and persistent character of these hallucinations in many cases. A lady patient, who had been under my care a short time, on entering the reception room, stumbled, and exclaimed: "Doctor, pray remove that stool; I might have hurt myself seriously." I assured her that there was neither stool, hassock, nor any other obstacle. She persisted in her statement, and attempted to remove it; no amount of persuasion inducing her to disbelieve the delusion.

A clergyman of Edinburgh, Scotland, told Professor Bennett that, some time since, suspicions were entertained in his parish of a woman who was supposed to have poisoned her newly-born infant. The coffin was exhumed, and the town prosecutor who attended with the medical men to examine the body, declared that he already perceived the odor of decomposition, which made him feel faint, and in consequence he withdrew. But on opening the coffin it was found to be empty, and it was afterwards ascertained that no child had been born, and consequently no murder committed.

The following are the most important facts arrived at in

connection with the influence of the intellectual hemisphere on sensation, a digest of which Dr. Tuke gives in his excellent work :

FIRST. When ideas originate from the sensorial perception of impressions upon the terminations of the various classes of nerves, they may react upon the sensory ganglia, and influence general, special, organic, and muscular sensations, causing sensational illusions.

SECOND. When, through intellectual operations, ideas are imagined or recalled, these may be merely ideational states, but they ever tend to become identical in character, though not necessarily in degree, with the complex states formed when peripheral impressions from external objects first excited them. The recurrence, therefore, of the ideational state co-operating with the sensory ganglia, usually recalls also, although but faintly, the sensation corresponding to the idea.

THIRD. In some conditions of the encephalic centres, such a powerful excitement of the sensory ganglia occurs, that the effect is identical in sensory force—in objectivity—with that which impression produced upon the peripheral termination of the nerves, causing hallucinations or phantasmata.

FOURTH. The mind, under certain circumstances, can, by attention, recall the sensorial impression so distinctly as to produce, *e. g.* in the case of sight, the spectrum or image which was impressed on the retina and perceived by the sensorium.

The facts and reasonings which we have here endeavored to bring before your notice on the subject of hallucinative or emotional insanity indicate the foregoing (?) principles, on which we may base the treatment and diagnosis of certain disturbed mental conditions :

From the condition of *temporary* derangement of the functional action of the brain which results from the presence of poisons in the blood, we naturally pass to that in which it, the derangement, is *persistent and continuous*. Between the state of the well-balanced mind, in which the habit of self-control has been thoroughly established, and that of the madman, whose reasoning power is utterly gone, who is the sport of uncontrollable passion, and is lost to every feeling of affection, right, and even decency,—vast as the interval may

seem,—there is an insensible gradation. As we have before remarked, there are many individuals to be met with, in every phase of life, who are so much more governed by impulse than by reason, that they can scarcely be accounted as altogether sane; whilst there are many others, who knowingly surrender the control which they originally possessed over their course of thought and action, to the domination of a fixed idea, which gradually acquires a complete mastery over them. It has not been my purpose to discuss the general subject of insanity, or to attempt to draw the line between it and sanity, which could not be done *scientifically*, though easily accomplished *practically*. All that I have intended to do, is to show, on the one hand, the relation between the phenomena of insanity and those of healthful mental activity; and on the other, between its disordered psychical manifestations and morbid conditions of the brain or blood.

In the first place, it may be emphatically laid down that there is nothing in the psychical phenomena of insanity which distinguishes this condition from states that may be temporarily induced in minds otherwise healthy; for they are all referable either to *excess* or *deficiency* of normal modes of mental action. That which is common to every form of insanity, which is frequently its first manifestation, and which, in so far as it exists, renders the lunatic irresponsible for his actions, is *deficiency of volitional control* over the current of thought and feeling, and consequently a want of self-direction and self-restraining power over the conduct. With this, there may be a general disturbance, either of intellectual or of emotional activity, or of both combined, constituting mania; or there may be a partial or limited disorder, arising from excess or deficiency of some particular tendency, constituting monomania. Not unfrequently, an attack which begins with violent mania, will subside into a chronic and comparatively harmless monomania; but on the other hand, monomaniacal patients are often subject to paroxysms of mania; and, even when there is no such general disturbance, the smallest touch on the “sore place” may induce a dangerous outbreak of passion, which the subject of it has no power to control.

It is unquestionable that in a large proportion of cases of settled insanity, there is an impairment of the due nutrition of the cerebrum; and this, which is often an hereditary defect,

may arise *de novo*, and even at recurrent periods, as during the successive menstrual epochs, and continue, not unfrequently, after the climacteric has passed, in the same manner and for the same reason that abnormal changes take place in the nutrition of other sections of the human system, viz: from deficiency or perversion in the formative power of the nervous tissue, or from an imperfect supply, or an altered character of the blood. Of the influence of deficient or perverted formative power in the tissue, we have examples in the insanity resulting from mechanical injuries of the brain, from excessive "wear" of the organ by forced activity. Of the effects of deterioration in the character of the blood, we have illustrations in the insanity that is often linked on with constitutional diseases, of which such deterioration is a marked feature, as well as in that which is so frequent a consequence of habitual alcoholic excess. These conditions may exist in combination; and it is probably by such a combination that many of the so-called "normal causes" of insanity operate. For there can be little doubt that emotional excitement, from its immediate relation to nerve-force, has a direct influence on the formative capacity of the cerebrum; whilst, on the other hand, we know that it has so great an influence over the organic functions, that it can produce very decided alterations in the character of the blood. But without any serious perversion of the nutrition of the cerebrum, its action may be disturbed, either by the presence of some poisonous agent in the blood, or by functional disturbance in other parts of the nervous system. A functional disturbance of the intellectual sphere of the cerebrum, causing hallucinations or mental delusions, is often induced by the irregular action of other parts of the nervous system, especially those connected with the reproductive apparatus. Of this we have examples in certain forms of disordered mental action, which are connected with "hysterical" states of the female system—in particular, mutability and irritability of temper, and a disposition to cunning deceit; and it is a singular fact in medical jurisprudence, that girls about the age of puberty, and suffering under functional irregularities, are sometimes "possessed" by a propensity to set fire to their dwellings. It frequently happens that agencies of both classes jointly contribute to the result, some long continued defect of nutrition, (very often arising from hereditary

constitution,) serving as the "predisposing cause;"—whilst violent mental emotion, or depravation of the blood by noxious matter of some kind, acts as the "exciting cause,"—the two together producing that effect, which neither would singly have brought about.

In most forms of monomania, however, there is more or less of disorder in the *ideational* process leading to the formation of positive delusions or hallucinations; that is to say, of fixed belief or dominant ideas which are palpably inconsistent with reality. These delusions, however, are not attributable to original perversions of the reasoning process, but arise out of the perverted emotional state. This gives rise in the first place, to a misrepresentation of actual facts or occurrences, in accordance with the prevalent state of the feelings. Thus, a lunatic who is possessed with an exaggerated feeling of his own importance, may suppose himself to be a sovereign prince; and under the influence of this dominant idea, looks upon the place of his confinement as his palace, believes his keepers to be his obedient servants, and his fellow-patients his admiring subjects; the humblest fare is converted into a banquet of the choicest dainties, and the most homely dress into royal apparel. This condition, therefore, is analogous with that of a biologised subject—his mind being for the time entirely dormant, and, when aroused by some suggestive hallucination received through the ordinary channels of sensation, responds to it as automatically as a ship does to its rudder, no matter how ridiculous or unfounded the hallucination may be; the whole course of the individual's thought and action being completely under external direction. He is truly, for the time, a mere thinking automaton. His mind is entirely given up to the domination of any idea that may transiently possess it; and of that idea, his conversation and actions are the exponents. He has no power of judging of the consistency of his idea with actual facts, because he cannot determinately bring it into comparison with them. He cannot of himself change the character of his thoughts, because all his power of self-direction is in abeyance. And thus he may be played upon like a musical instrument, by the persons around him, or by any passing crotchet or delusion which may seize his mind, and speak and act just as these persons or whims may prompt him to think, feel, speak or act. But this is not,

as is erroneously supposed, because the patient's will has been brought into direct subjection to theirs; but because his will being quiescent, all his mental and physical operations are directed by such suggestions as these persons or circumstances impress on his consciousness. This distinction may to some seem unimportant, but it is essential to the comprehension of the true nature of this peculiar condition, and of its relations with others, which gives to it its special place in psychological science. With the patient, it is not a deception, but a reality. He is not undeceived by their discordance with objective realities, because the force with which the consciousness is impressed by the real condition of things, is less than that with which it is acted upon by the hallucination. Now and then, the lunatic, like the biologised subject, is visited by a gleam of common sense, which enables him to view certain objects in their true light, so that he becomes sensible of some inconsistency between his real and his imaginary condition. In a more advanced state of the disorder, however, ideas which have had their origin in the imagination alone, and which it has at first presented faintly and transiently, are habitually dwelt on in consequence of the interest with which they are invested; and at last become realities, to the consciousness of the "*Ego*", simply because he does not bring them to the test of actual experience. In most of these cases, the emotional excitement is the essence of the disorder, the intellectual delusion merely the expression of it. The formation of these delusions is essentially progressive in character, the varying tenacity of their hold over the intellectual belief (which, occasionally, struggles to rid itself of them,) corresponding exactly with the varying degrees of intensity of the dominant emotion.

Dr. Skae, the superintendent of the "Morningside Lunatic Asylum," thus records his convictions regarding "Hallucinations:—"

"Nothing can be further from the truth than to believe, that, in every case of insanity there must be some delusion or some perturbation of the intellect. Of all the features of insanity, *morbid impulses, emotions and feelings*, and *loss of control over them*, are the most essential and constant delusions, illusions, and hallucinations are, comparatively speaking, the accidental concomitants of the disease. The former, perhaps, invariably accompany the invasion of disease; the latter

are frequently only developed during its progress, and are sometimes never present at all."

Everyone who observes the ordinary working of his own mind, must be aware how differently he looks at the very same occurrences, according to the state of feeling he is in at the time; and no judicious man will allow himself to act upon any conclusion he may have formed under the influence of emotional excitement. It is, in fact, in the persistence and exaggeration of some emotional tendency, leading to an erroneous interpretation of everything that may be in any way related to it, that insanity very frequently commences; and it is at this stage that a strong effort at self-control may be exerted with effect, not merely in keeping down the exaggerated emotion, but in determinately directing the thoughts into another channel. For there can be no doubt that while the tendency to brood upon a particular class of ideas and on the feelings connected with them, gives them, if this tendency be habitually yielded to, an increasing dominance,—so that they at least take full possession of the mind, master the will, and consequently direct the conduct,—there is a stage in which the will has a great power of preserving the right balance, by steadily resisting the "brooding" tendency, calling off the attention from the contemplation of ideas which ought not to be entertained, and directing it into some entirely different channel. A man who has been for some time under the strain of severe mental labor, perhaps with the addition of emotional excitement, breaks down in mental and bodily health, and becomes subject to morbid ideas, of whose abnormal character he is in the first instance quite aware. He may see spectral illusions, but he knows that they are illusive. He may hear imaginary conversations, but is conscious that they are empty words. He feels an extreme depression of spirits, but is willing to ascribe this to some physical cause. He is excessively irritable, but is perfectly conscious of it, and endeavors to restrain it. He has strange and groundless suspicions concerning the acts and motives of his wife, children, and friends, but has sufficient intelligence to resist and repel them. Dark visions of future ruin and disgrace flit before him. It is in this stage that change of scene, the withdrawal from painful associations, the invigoration of the bodily health, and the direction of the mental activity towards any subject

that has a healthful attraction for it, exert a most beneficial influence; and there can be no doubt that many a man has been saved from permanent insanity by the resolute determination of his will *not* to yield to his morbid tendencies. But if he should give way to these tendencies, and dwell upon his morbid ideas instead of endeavoring to escape from them, they come at last to acquire a complete mastery over him, and his will, his common sense, and his moral sense, at last succumb to their domination. The visual appearances which he at first dismissed as unreal, become to his mind objects of actual sight; the airy words are conversations which he distinctly hears and to which he gives full credence, however repugnant their import may be to his sober sense; his suspicions of relatives and friends acquire the force of certainties, though they have not the slightest shadow of reality; his impending ruin is with him an accepted fact, and he makes no endeavor to escape it; no reasoning nor demonstration can now dispel his illusions. His temper, now perpetually irritable, is entirely beyond his own control. The directing power of the will is altogether lost.

Another illustration of the effects of these delusions or morbid concentration of ideas on one particular subject is constantly afforded in the every-day life of our great business centres. Many of our most eminent manufacturers, inventors, lawyers, divines—and even, some of our most distinguished physicians have taken an inordinate fancy or infatuation to some special department of their profession—say, for instance, the theory of perpetual motion, the irrigation of dry and sterile lands, or the latest craze in some medical circles on the “simultaneous operation of ovulation and menstruation.” The person, ingenious, shrewd and thoroughly sound—nay, even pre-éminent as an authority on all other points in his profession, may permit his mind to be so engrossed and overwhelmed by his peculiar “hobby”—as not only to be adjudged by his friends to be somewhat beside himself, but even to be brought to acknowledge himself as a “little off” on that subject. It is a very frequent occurrence amongst earnest students in every profession, and certainly should be taken up by every true physician, who makes mental diseases his specialty, as one of the most important and insidious forms of the psychic malady, “Wahnsinn.”

But, it may be said: if insanity be the expression of disordered physical action of the cerebrum, it is inconsistent to expect that a man can control this by any effort of his own; or that normal treatment can have any efficacy in the restoration of mental health. We must, therefore, bear in mind, as we have before said, that there *was* a stage when this direction and control could have been exercised and preserved. And so, the judicious physician, in the treatment of an insane patient, whilst doing everything in his power to invigorate the bodily health, to ward off occasions of mental disturbance, and to divert the current of thought and feeling from a morbid into a healthful channel, will sedulously watch for every opportunity of fostering the power of self-control; will seek out the motives most likely to act upon the individual; will bring these into play upon every suitable occasion; will approve and reward its successful exercise; will sympathize with failure, even when having recourse to the restraint which it has rendered necessary; will encourage every renewed exertion; and will thus give every aid he can to the re-acquirement of that volitional direction, which, as the bodily malady abates, is alone needed to prevent the recurrence of the disordered mental action. It is when the patient has so far recovered as to be capable of being made to feel that he *can* do what he ought, if he will only try, that moral treatment becomes efficacious.

By this means alone, supplemented by cheerful society, perfect quiet, change of scene, entire seclusion from all subjects involving anxiety of mind, or undue activity of the thinking powers, can we hope to restore the impaired intellectual sphere to its pristine strength and vigor, or maintain its healthy action, even while in a normal condition. The brain, like all other machinery, cannot fail to be permanently and even irretrievably injured if undue pressure is put upon it; and, having laws as imperative and absolute as the physical functions, the health and well-being depend solely upon strict, implicit, and constant obedience to those laws.



PROPRIETARY MEDICINES.

The shops are filled with proprietary, patent, or quack medicines, as they are variously called, in the shape of pills, lotions, bitters, etc., which are rapidly gobbled up by the public, who are entirely ignorant of the fact that many of them contain ingredients, the most of which are very active, and sometimes powerful, and in many instances, as the experience of all physicians will testify, do great injury to those who use them. It should be borne in mind that it is an impossibility to compound any medicine which shall be adapted to every one, and will be, so long as peculiarities of constitution, and other facts connected with the human system remain as they are; and there is no probability that they will ever be different.

Physicians cannot always give the same remedies, even in the same diseases, to different patients, from the fact of this very peculiarity of constitution, which compels them to vary their remedies to suit existing circumstances.

The various pills with which the country is flooded, contain ingredients which are very injurious to most people, and when taken for constipation, as they usually are, they leave the bowels in the same, and more often in a worse condition than before they were taken. Many of the severe cases of piles with which we find so many persons afflicted, are wholly dependent upon those drastic cathartic pills that have been swallowed from time to time with such avidity.

Anderson's pills, so called, contain aloes, colocynth, and gamboge, agents that exert an injurious influence upon the intestinal tube, by continued repetitions, as every physician knows. The famous "dinner pills" contain aloes, and mastich. The various "emmenagogue pills" contain aloes, myrrh, and similarly powerful agents. The "gout and rheumatic pills" contain colocynth, guaiacum, and ingredients of a like character. Holloway's pills, so called, which name is probably

fictitious, contain aloes, myrrh, and jalap, and the two first named enter into the composition of most of the "liver pills." These are but specimens, and the subject might be continued did time and space permit. Let those who already suffer from piles bear in mind that their troubles will be increased by the use of such agents as have been referred to, and those who do not now suffer from this troublesome and painful difficulty, are candidates for it, if they make habitual use of pills containing these articles. G

TREATMENT OF CERVICAL ENDOMETRITIS.

By Chas. C. Conway, M. D.

In this troublesome complaint the use of salicylic acid, applied in the following mode, will often prove of great value.

Mix salicylic acid and vaseline (or cosmoline) to the consistency of a thick paste; apply it liberally over a small sponge tent, about an inch long, and insert it into the cervical canal, after having removed the tenacious mucus from the canal. Let the tent remain about twelve hours. The application should be repeated twice a week until the inflammation has subsided, which will not usually require many applications.

If there is an abrasion or granular degeneration around the external os, also apply the dry salicylic acid to the part. The pledget of cotton wool, saturated in glycerine, should be placed over the whole.

If there is cervical hyperplasia, instead of using the dry acid, paint the cervix over with the compound tincture of iodoform, as recommended to be prepared in the *Medical Brief* for March, 1879, as follows:

R.—Iodoform, 15 grains; Iodide Potass, and Glycerine, of each, 2 drachms; Alcohol, 6 drachms.

Mix. Rub up the iodoform and iodide of potassium to the consistency of a fine powder; then add the glycerine, and rub up to the consistency of cream; then add the alcohol, and stir briskly until it is dissolved.—*Va. Med. Monthly.*

REMINISCENCIES AND CONCLUSIONS DRAWN FROM AN OBSTETRIC PRACTICE OF TWENTY-TWO YEARS.

READ BEFORE THE BOSTON ECLECTIC GYNECOLOGICAL AND OBSTETRICAL SOCIETY.

By C. Edwin Miles, M. D., Boston, Mass.

In presenting this paper it is not my purpose to give a statistical review of a practice of twenty-two years, but rather to offer certain conclusions drawn from it, and to call attention to some cases that have been of more than ordinary interest to me during that period.

I have to regret that in the earlier years of my professional life I did not give greater care to making more accurate notes of those cases of special interest that came under my charge when I had the time to do so; and I can not too strongly impress on the minds of the younger members of the profession the value of a careful and conscientious record of cases as a method of study and mental discipline, as well as for the interest it will certainly prove to them in after years; nor is it ever too late for the eldest to adopt and pursue that course.

But enough has been noted and retained in memory to make this review of much account to the writer.

The work done by the obstetrician in the parturient chamber is frequently but a small part of the service rendered the patient in many instances; and however important that may be, and with whatever skill he may have performed it, if he is only skilful then he may frequently fall far short of properly fulfilling the functions of his profession. For it is often at the very threshold of her pregnancy that the mother expectant requires of him the most delicate attention, conscien-

tious advice and judicious care. A lack of these may result in the greatest indiscretions on the part of the patient, giving rise to the most serious consequences to herself and to her offspring.

Hence, it is one of the most important responsibilities resting on him, when his aid and council are sought, to guide his patient through the duration of pregnancy to parturition.

One of the designs and the commands of the Creator is the perpetuation and multiplication of the race, and procreation is a physiological function of the sexes. The condition of pregnancy then is a natural and normal state of woman, and whatever strictly pathological conditions may arise in that period, must be attributed to contingencies, near or remote, that are not in themselves necessary to it; for the waste such as is common to the performance of the various functions of the body cannot be regarded as pathological.

The question as to the existence of pregnancy is often one of the most delicate, difficult and important that the obstetrician has to decide, both as regards himself and his patient. The differentiation between it and certain diseased conditions may be essential to the reputation of the patient, and sometimes to her life. There are also other interests than these that may make it a matter of the utmost importance to the woman to correctly understand the true nature of her condition; and the errors made in diagnosis are often so serious as to impress the practitioner with the importance of a thorough knowledge of this department of obstetrics.

Some two years since I was called in great haste to see Madame M. On entering her room I found upon the couch a very portly lady apparently fifty years of age, evidently in great pain, the walls of the abdomen contracting violently. Suddenly the agitation ceased only to commence again in a few minutes. I inquired what the nature of her trouble was, when she informed me she was in labor, and had been for an hour or two. Laying my hand on her abdomen I was convinced from the physical condition, and the character of the paroxysm that she was neither in labor nor pregnant. I learned that she was a woman of more than fifty years of age; had been married about eleven months, and had ceased to menstruate just nine months before; she had also become rapidly adipose since she last menstruated. Very desirous to be-

come a mother she had cherished the hope that her desire was to be consummated. A digital examination fully satisfied me that she was not pregnant, and a fourth of a grain of morphine quieted all her disturbance.

Madame F. was on a visit to Boston from a distant city and was taken "flowing." Her physician had told her just previously that "she was four and a half months gone;" that motion and the foetal pulse were strong, and she must journey with great care. The flowing caused herself and husband much anxiety. She must be five months along. A careful examination led me to assure her that she was not pregnant, and that she was simply menstruating. This assurance was pleasing to her as she had been married but four years and during that time had never before menstruated to her knowledge, but had borne four children. Nearly two years have elapsed, and she continued to menstruate regularly to the last of my knowledge.

Something like a year since I was called to see a case of supposed difficult labor, with an obstetrician of much experience and and good repute. The case had annoyed him exceedingly. The lady was about forty years of age, and had not borne children and has not to this date.

Every practitioner of many years has met with more or less of similar cases, and they have had their lessons that we should not fail to heed.

But in this age of culture and fashion, and love of ease and personal sovereignty, the question as to the existence of pregnancy on the part of woman is not often so absorbing on account of the desire for motherhood, and that her child shall be the best she can produce, as that she may at the most convenient opportunity and at the earliest period resort to the crime of ante-natal infanticide.

Every conscientious physician in our larger populations, at least, must have been shocked at the utter lack of moral perception, and often the wanton recklessness of a great number of husbands and wives, and especially the wives, on this subject; for it is by no means confined to the vulgar or those in the middle walks of life. The rich, the *elite*, the educated, the humanitarian, and the professed christian, go in a broad phalanx to make up the throng to thwart the command of God and the struggle of nature, to multiply and replenish the race.

The ignorance exhibited as regards the moral turpitude, the immediate and almost certain risk to health, and frequently the life-long misery that comes from the practice of abortion is surprising.

In this direction the obstetrician will be able to impart the most salutary advice and instruction to woman, by presenting to her the responsibilities and the moral aspects of the subject, as well as the hazard that she incurs to her present and future well being in the practice of abortion. To some this may prove in vain, but others will be turned from their evil purpose and saved to virtue, motherhood and health.

Recognizing pregnancy to be a physiological and normal state, still such is the present physical condition of the sex, and such are the contingencies that surround woman, that she is liable to certain annoyances and ills that may compel her to seek the aid of her medical adviser. To some of these ailments we will make brief references.

Prominent, and usually the first of these is nausea or morning sickness as it is popularly designated. Often it is of little account, but the cases are not unusual when it proves a great discomfort to the woman and may lead to a fatal issue. That it may be generally relieved, if not cured, has been my observation, and I cannot feel that he who assumes the care of the pregnant woman is unblamable who does not use his best endeavor to mitigate the condition of those suffering from it. There are those, however, who hold the opinion that it is a "natural condition of pregnancy," and that the "old dame" will not and ought not to be thwarted in her ways.

Some ten years since I was called to see a lady in her first pregnancy who was fearfully anæmic, emaciated and exhausted. She was bolstered in a reclining chair and was breathing rapidly, and her pulse was feeble and very quick.

She told me she was seven months gone in pregnancy, that she had been fairly healthful until her conception, and from that time she had hardly seen an hour when she was free from nausea, and had had much vomiting. She had applied several times during the previous six months to her family physician for treatment, but he had only assured her that her condition was "natural to the pregnant state and required no treatment, and if relieved of that difficulty some-

thing more serious might set up to trouble her," and that he had done nothing for her relief except to suggest the use of lime water. That same physician essays to be a medical teacher in Boston today.

Her breathing led me to auscultate her chest, and I found her suffering from capillary bronchitis. In four days she was dead from pneumonia. She was "not aware that she had had a chill, perhaps she had some cold, but she was so exhausted," was her expression of her condition. How much her starvation had to do as an exciting cause of the fatal attack one can not say; that it predisposed to death is most certain.

This condition is one of gastro-intestinal irritation; its cause is evidently of a reflex origin, and is as amenable to treatment as other diseases from a similar cause;—sometimes baffling the best efforts of the profession, but often yielding in a great degree to hygienic and therapeutic measures.

The means used to remedy these cases are varied and must be persisted in with some, while others yield readily to remedies; and frequently attention to a few simple measures as to diet and rest will do more for the sufferer than medication. A cup of pure coffee with a bit of cracker taken in the morning while in bed, followed by an half hour of quiet will sometimes arrest the most obstinate attack. Champagne, clear or iced, taken in the same manner is often all-sufficient. With others the use of the oxalate of cerium in three grain doses just before meals will prove curative; the happiest results often follow the combination of the above dose of oxalate of cerium with carbonate of bismuth ten grains, taken at meals or before rising in the morning. I have found the following of great value: \mathcal{R} Oxalate Cerium, three grains; Inguvin, eight grains; mix. \mathcal{S} . Take dry on the tongue before rising and after meals. Also if there is a sense of depression at the stomach: \mathcal{R} Tinct. Nucis Vomicæ, ten drops; Aquæ, three ounces: \mathcal{S} . Take teaspoonful before rising and after eating. Whatever means may be used, however, in nearly all cases great benefit will be had by seeking the recumbent position on the approach of the nausea. The dilatation of the cervix uteri by steady but gentle pressure with the index finger has been practiced with some success, and in one case I am confident I saw the most marked relief at the fourth month, where all the other means before mentioned had been

unavailing. As a last resort premature delivery may be justifiable. The risks that attend this means must be fully considered; but when all other efforts are unavailing and the woman is sinking, this chance should unquestionably be given her.

Some twelve years since Mrs. H. called on me during her second month of pregnancy and told me she was suffering intensely from morning sickness, from her rising in the morning until she retired at night; she had a similar though not so severe an experience in her two previous pregnancies. During the full time of carrying this child she endured more than I had ever witnessed in any other case. At the expiration of nine months she gave birth to a feeble child for which she had no milk. She rallied very slowly, but became pregnant at about the fourth week after her delivery.

Within forty-eight hours after conception she was again attacked with nausea and vomiting and complete anorexia, which was soon followed by insomnia. There was no remedy found to alleviate her condition, and marked symptoms of the mania of pregnancy were developed, and death seemed certain unless speedy relief was obtained. There appeared to be but one course to be pursued in the case, and at near the close of the fourth month the membranes were ruptured and the foetus was expelled in a few hours. Her recovery was steady, and in two months complete. She has never since been pregnant.

The excessive timidity and forebodings that are so manifest with some women during the first pregnancy, but not confined to it, while not fraught with imminent danger generally, is frequently a source of great distress to them, and often, I believe, the cause of debility to them and unfavorable to the child in utero, and to its future well-being. This condition in but few instances will need medication, but will demand what is of more importance than medicine, the well directed advice and assurance of the physician, to which too often little importance has been attached heretofore.

Every careful medical observer who has had the confidence of his patrons, and who seeks to be in the largest sense the true physician, cannot fail to have realized the immense harm that occurs during the state of pregnancy, as regards the diseases of the nervous system, to the excess of the marital rites at this period, nor can he doubt that the physical and mental

condition of offspring are profoundly impressed in this manner, giving rise to a greater or less extent, to many of the diseases of the brain as well as other ills by which they are swept away in early infancy and childhood.

The obligation of the physician to judiciously instruct his patient in this direction is quite as important as that he drug the victims of an ungoverned or ignorant passion, thinking to relieve ills that ought never to have existed, and that it might possibly have been in his power to have prevented.

The tendency to abortion in the pregnant woman is one that will frequently meet the attention of the obstetrician of today. The lack of physical stamina, the fashions of dress and the methods of life of our women largely produce this condition. The prevention of an event so destructive to the health of woman is of prime importance.

The prophylactic methods must be such as the various conditions indicate; but quiet of mind and care in exercise are requisite in all cases. If there is general nervous excitement, I have yet to find another remedy that will meet so many cases as the *Syrupus Mitchellae Compositum*. If this condition be complicated with anæmia the pyrophosphate of iron, or the citrate of iron should be combined with it. Good air and cheerful society are likewise essential to the well-being of these patients.

Constipation is a frequent provocative to abortion, and as far as possible should be remedied by the diet, enemas, and *nux vomica*, the last of which gives tone to the muscular structure of the bowels and stimulates the action of the liver; but never give cathartics.

Great care should also be exercised in the diet of females liable to abort, especially properly nourishing the feeble, and avoiding stimulants with the plethoric. The modes of exercise have much to do in promoting abortion; and in my observation I have found that a large proportion of those in whom the accident occurs can trace the event to some unusual and unwarranted procedure on their part for persons in their condition.

When symptoms of abortion occur, and there is more or less probability that it may be held in check, "What shall be done?" To be sure there are variations to all rules, but we know of none to which there are fewer exceptions than these,

—give your patient absolute rest in a recumbent position; require mental quiet, and administer a full dose of an opiate either by mouth, hypodermatic injection, or by rectum. *Gelsemium*, *Chloro-Anodyne* and *Viburnum Perfoliatum* have been used by me with more or less good results; but in my practice the *Opium* in some of its forms has proved superior to all of them.

But when does all hope cease that an abortion may be prevented? So far I have never seen a case of threatened abortion averted when the finger could so far penetrate the os uteri as to distinctly feel the protruding membranes; the uterine pains still continuing; and latterly it has been my practice to hasten the case when that condition exists.

How then shall the case be managed? Should there be hemorrhage with pain, and the os but little dilated and undilatable, the sponge tent, introduced and kept in place by the use of cotton pledgets; saturated in a solution of tannin for the space of twelve to twenty hours; the tent to be then removed and a larger one applied if needed. Satisfied that dilatation is progressing, ergot should be administered in full doses. This increases the pain and lessens the chances for hemorrhage when the tent and pledgets are removed from the vagina. A similar course is to be pursued when the foetus is expelled and the placenta remains beyond the reach of the finger. Too much care cannot be exercised in removing the entire placenta, and yet if absolute harshness is necessary to securing this result, the case had better be trusted to nature than to rude proceedings.

Sometimes the abortion may be much hastened when the os is somewhat dilatable by steady and firm manual pressure to the os uteri, it yielding readily to this means. In a recent case I found a foetus with breech presenting, with the head held firmly by the rim of the os where it had probably remained for some time. Insinuating the index and middle fingers within the os and firmly spreading them the constriction soon gave way and the foetal head was delivered.

When using the placental forceps a speculum of large size will prove a great aid to the operator

But it is not always possible to know whether any portion or all of a placenta is retained; and if quite certain of its retention, circumstances may occur when to seek for it would

not be good practice. Some five years since I was called to see a lady whose physician was at loss to know whether she was pregnant, or if the menopause was about occurring; she had flowed slightly every week or two for three months, but it never was accompanied by pain. On the day I was called she had rode several miles in a carriage over the pavements in Boston, and the roughened March streets in Cambridge; she had sharp and bearing down pains for an hour before arriving home, when she took her bed and "something came away with a pain." I saw her about an hour after this and found a foetus of about four months at the vulva. It had been dead for several days. The umbilical cord had been severed and I at once sought for the placenta, but found the os so firmly closed that the finger would not enter by any justifiable pressure; there was neither pain nor flowing, and she had none until about two months after, when a pain like a labor pain came on suddenly, throwing off a mass resembling a fibroid tumor at first sight, but which proved to be a compressed mass of blood, which under the microscope showed no signs of organization. I heard from the lady some two years afterwards; nothing further of the kind, to her knowledge, had been expelled from the vagina, and she had been in the enjoyment of fair health. Had the placenta ever been expelled? I think not; the mass I saw was not placental. What became of it? I do not know, but it may have been absorbed.

The authorities mention some very curious cases of blighted ovum; and when they occur, especially in the early life of the woman, are often very perplexing as regards the question of pregnancy.

A case illustrating this may be interesting. Mrs. T. called on me early in March, 1880. She had aborted about a year before, and was very desirous to become a mother. She expected to have menstruated March first, but had seen no indication of the menses. She was exposed just following her previous period and had been troubled with morning sickness for about two weeks. Early in May I saw her again, and no doubt existed in my mind that she was pregnant. She soon went on her summer vacation and I did not see her again until the following August. I then found her in her usual health but she had not increased in size, neither had she menstruated. What

was the difficulty? She declined an examination by the vagina that day, and I declined to give any positive opinion in her case.

At the expiration of the sixth month I again saw her. She was still in her usual health, but there was not any change in her menstrual condition. The breasts were in the same state as months before, and her size and form were as usual. An examination by vagina exhibited the cervix quite unchanged, but the uterus was somewhat enlarged. I said if pregnancy existed she could hardly be beyond the end of the third month. I prescribed for her the *Syrupus Mitchellae Compositum* and the *Ferri Citratis* to be taken before meals.

On the morning of November 2d I was called to visit her, and on arriving at her side learned she had had more or less pain for several hours, like what she had when she aborted the year before, and she was sure something had passed from the vagina. I found on examination that she had expelled a blighted ovum, the placenta being about the size attained at three and a half months, but the foetus was wizzled to a very small mass. There was very little flowing, and in a few days the patient was well again.

A similar case occurred but a few weeks since at the close of the seventh month of pregnancy. Motion was felt plainly at the seventeenth week. A few days after, the family consisting of four persons, were undoubtedly poisoned by eating fowl; the woman vomited violently. Motion was not felt after this, though she fully recovered and remained well up to a few hours before she was delivered of a blighted ovum. In neither of the cases mentioned was there any fetid discharge observable.

And here we may refer to the subject of prolonged pregnancy. From all that is positively known of the prolongation of pregnancy in many of the domestic animals, reasoning from analogy, it would hardly seem possible that so strong doubts could be entertained as are often expressed, in regard to its possibility in women.

The motives for deception, and the chances for error from all causes, should have their due weight, but not to that extent to prejudice one against facts in any case.

I will present two cases coming under my observation of special interest, because of the reliability of the lady and her

lack of all motive to mislead in the matter. Mrs. C., multipara, called on me April 9th, 1874, stating that she ceased to menstruate on the first day of March, and was exposed during the following week. At the middle of the month she began to have morning sickness and was precisely as she had been in the early days of two pregnancies, and as her menses had not appeared she was quite certain she was in the "family way."

About this she was not anxious, but she had come to tell me she had been slowly getting large in the abdomen for several months, and was then "as large as she ought to be at the fourth month." Such I found to be the fact upon placing my hand on the abdomen. Late in May I saw her again, and found the abdomen larger than when I saw her previously; but under the use of oxalate of cerium the nausea had subsided. The tumor at this time was about a hand's breadth above the pubis, though she was probably but two and a half months pregnant. An examination by the vagina revealed the cervix beyond the finger's reach, and the folded hand had to be carried within the vagina to touch it. The woman was naturally large and very adipose. There was unmistakable uterine enlargement but no ballotement. Placing the left hand upon the hypogastric region, with the right within the vagina, it was evident that the enlargement was chiefly at the fundus of the womb. A sense of abdominal weight and pressure was the principal inconvenience complained about by the patient.

In the latter part of June an eminent gynecologist saw her in consultation with me. He was confident that she must be about four months pregnant, but that the fundus of the womb was immensely hypertrophied, it fully reaching the umbilicus.

Quickening occurred some of the last days of June, and nothing happened to disturb the lady except the upward pressure of the uterus during the last four months of gestation.

Taking into account the time when conception was supposed to occur and the actual period of quickening, parturition was anticipated to occur during the early days of December, but in vain. Time went on; the motions of the foetus were fearful, compelling the lady to keep in a semi-recumbent position much of the time; her size was extreme,

the ascending uterus pressing against the diaphragm distressingly, at times greatly impeding respiration and the action of the heart.

During the six weeks following December first I was called several times to attend her in her expected labor, but not until the 30 of January, 1875, at about noon did the labor commence. The first stage was attended with frequent and severe pains. My first examination revealed the os above the superior strait and dilated to the size of a silver dollar, and very dilatable. Some hours after the os was fully dilated, but remained in the same position as at the previous examination. The pains of the second stage of labor were feeble though the oxytoxics were freely given. After the lapse of 24 hours from the beginning of labor I administered ether and applied the Hodge's forceps, and after an hour's effort safely delivered her of a male infant weighing nearly eleven pounds, with hair, nails, and the general features developed like that of an infant of six or seven weeks old.

The mother's recovery was good, but tardy, some five months having elapsed before the uterus had returned to its normal size and position.

Considering the period of the cessation of menses; the occurrence of the morning sickness, which corresponds with two previous and three following pregnancies; the time of quickening and the certainty of the mother that she was not exposed for some two months following the first week in March, 1874, makes it quite beyond question that she carried her foetus full twelve lunar months.

During the last days of December, 1878, this same lady ceased to menstruate, and sexual intercourse followed in two days, or before January 1st, 1877. All the symptoms common to her in other early pregnancies at once set up; in seventeen weeks there was quickening; on October 10th there were marked indications of labor, which passed off in a few hours. November 9th she was siezed with labor pains, and the delivery of an unusually developed child followed in about two hours. In this case eleven lunar months and five days had elapsed between conception and delivery. In her pregnancies except the two described, nothing peculiar has occurred in the time of carrying her children.

TO BE CONTINUED.

NEW REMEDIES,

Introduced by PARKE, DAVIS & CO., Detroit, Mich.

MANACA.

(FRANCISCEA UNIFLORA.—Pohl.)

A recent introduction from Brazil, where it is extensively used as a specific remedy against Chronic Rheumatism.

Manaca is officinal in both Brazilian dispensaries. They describe it as being a powerful anti-syphilitic, purgative, diuretic and emmenagogue, the dose being given at eight to twenty grains of the powdered root. In the province of Amazonas no remedy is more extensively used than manaca; in the damp, shady forests, rheumatism principally in the chronic form, is a very common disease, and manaca is regarded by all classes as the remedy.

Dr. Hansen writes: Although having had no opportunity of trying the manaca myself as yet, I conclude from the information received from medical men and others during my residence in Brazil that it is a powerful catalytic, with circumscribed specific action on some morbid materials in the blood. The Brazilians, in calling it *mercurio vegetal*, would seem to have accorded to it the same properties as mercury, and they are probably not far from being correct. If so, the danger attending the use of mercury would render it a valuable substitute. It is in the various chronic forms of rheumatism, that manaca becomes almost a specific in Brazil, and I consider it worthy of a careful trial in this disease. The small dose would probably be the best form of administration, five drops of a fluid extract three or four times daily.

JAMAICA DOGWOOD.

(PISCIDIA ERYTHRINA.)

Fluid Extract of the bark of the root Commencing dose, thirty drops, which may be increased to two fluid drachms.

The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country, making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic, capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of mezereum. It yields its virtues to alcohol, but not to water. He first tried it on himself, when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensation which follow a dose of opium.

Liquor Ergotæ Purificatus.

Physicians have long felt the want of a reliable preparation of Ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts. Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without corresponding result.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify PARKE, DAVIS & CO.'S "LIQUOR ERGOTÆ PURIFICATUS."

Soluble Elastic Filled Capsules.

We desire to secure the attention of medical practitioners to the Soluble Elastic Filled Capsules of our recent introduction into this country. These Capsules are so different both in appearance and quality, from any heretofore placed on the American market that we especially request that opinion regarding them may not be prejudiced by previous knowledge of a similar class of goods.

Our Capsules are manufactured after a method not previously employed in this country, workmen and apparatus having been especially imported from Germany for the purpose. Our claims of superiority for them are based on the following qualities:

1. Their Transparency. They are made of the finest quality of white gelatine and are perfectly transparent, permitting a full inspection of their contents. This property is calculated to prevent the sophistication possible under the use of opaque gelatine.

2. Their Elasticity and Lubricity. These properties remove from the capsules, as completely as possible, everything which prevents their easy deglutition. They may be easily moulded between the finger and thumb, and when held for a moment in the mouth the action of the saliva on the gelatine covers them with a mucilaginous coating which greatly facilitates their swallowing.

3. The Quality of their Contents. They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.

4. Solubility. The solubility of these Capsules may be determined by the simplest test. Allowed to lie loosely in the mouth the contents escape in from two to three minutes, and there is not the remotest possibility of the capsules passing intact with the feces, as is sometimes the case with the ordinary filled capsules.

5. Their Sizes. Heretofore the filled capsules offered the profession of this country have not contained more than ten minims of the liquid. We have in our list capsules containing all the way from ten minims to half an ounce. The larger capsules are designed more particularly for the administration of cod liver and castor oils. Notwithstanding their size, they are, owing to their elasticity and lubricity, swallowed as readily as an oyster. The advantages of such capsules are too obvious to require enumeration.

These Capsules are put up in a style in keeping with their elegance, in boxes containing one, two and three dozen.

The following few formulæ selected from the list will convey an idea of the class of ingredients with which these capsules are filled:

Castor Oil,
10 minims.

Castor Oil and Podophyllin,
Castor Oil, 10 minims.
Podophyllin, $\frac{1}{2}$ grain.

Cod Liver Oil, Best Norwegian,
10 minims.

Cod Liver Oil and Creosote, (2grs.)
Cod Liver Oil, 10 minims.
Creosote, 2 grains.

Cod Liver Oil and Iodoform,
Cod Liver Oil, 10 minims.
Iodoform, 2 grains.

Cod Liver Oil and Phosphorus, (1-60.)
Cod Liver Oil, 10 minims.
Phosphorus, 1-60 grain.

Crude Petroleum Mass,
10 minims.

Cod Liver Oil and Creosote, (4 grs.)
Cod Liver Oil, 10 minims.
Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron,
Cod Liver Oil, 10 minims.
Iodide of Iron, $\frac{1}{2}$ grain.

Cod Liver Oil and Iodine,
Cod Liver Oil, 10 minims.
Iodine, $\frac{1}{2}$ grain.

Cod Liver Oil and Phosphorus, (1-30)
Cod Liver Oil, 10 minims.
Phosphorus, 1 30 grain.

Phosphorated Oil, Compound,
Phosphorated Oil, (1-60 gr.) 10 m.
Extract Nux Vomica, $\frac{1}{4}$ grain.

Phosphorated Oil, (1 50 gr.)
1-50 gr. Phosphorus in 10 m. of Oil.

Cod Liver Oil,
5 grams.

Cod Liver Oil,
15 grams.

Copaiba, Cubebs and Sandalwood Oil,
Copaiba, best Para, 6 minims.
Essential Oil of Cubebs, 2 minims.
Sandalwood Oil, East India, 2 minims.

Copaiba, Cubebs and Buchu,
Copaiba, best Para, 6 minims.
Ethereal Extract Cubebs, 2 minims.
Extract Buchu, 2 minims.

Copaiba, Cubebs and Rhatany,
Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims.
Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 gtt.,
With Sweet Almond Oil, q. s. ad 10 m.

Oil of Male Fern and Kameela,
Oil of Male Fern, 9 minims.
Kameela, 5 grains.

Castor Oil,
5 grams.

Castor Oil,
15 grams.

Send for special descriptive circular "Filled Elastic Gelatine Capsules"

PARKE, DAVIS & CO.,

Manufacturing Chemists,
DETROIT, MICHIGAN.

DANGERS OF PREMATURELY PLACING CORPSES ON ICE.

Dr. Vanderpoel, of this city, is strongly opposed, and for very good reasons, to the practice of hastening to place a body on ice almost as soon as the patient appears to be dead. Some of his experience in his own professional life have made so deep an impression on him, that he has more than once publicly and privately protested against the modern custom introduced by undertakers, of putting bodies on ice before there were official proofs of death. He considers it a scandal to the undertaking profession, an outrage to society, and an insult to the patient's family, that for the sake of collecting exorbitant fees, undertakers do not await the arrival of a doctor's certificate of death before they freeze the remains.

The case lately reported from Canada, of a small-pox patient who had apparently died and was about to be buried when he came to life again, suggests to Dr. Vanderpoel the following reflections: "If that Canadian had been taken ill in this city his life would never have returned at the cemetery, for it would have been frozen out of him long before he reached the grave. In reading about this case I thought of a certain Brooklyn patient of mine who died in 1872. She was forty-five years old, and the widow of a well known reverend doctor of divinity. She had an attack of dysentery, and had been lying ill for four or five days with a low fever, but her condition was not dangerous, although it was assuming a typhoid form. I called in to see her one day at one o'clock, and returned again at five o'clock on the same day, when, to my profound surprise and indignation, she was lying in an ice-box down stairs, and partially frozen. The undertaker had committed this atrocity without any medical certificate of her death, and had no official knowledge that she had died at all. I found that after I had left she arose from her bed

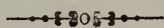
and fainted while walking across the floor from sheer weakness, and because she lay there motionless the children thought she was dead; so, instead of sending for me to come and make an examination, they ran for the undertaker. He responded with like promptitude, bringing in his mortuary box full of pounded ice, and in a short time she was frozen stiff. Every part of her body, except her face, was covered with the ice. I believed then, and I always shall believe, that she might have revived had proper means been employed for her resuscitation."

The following is still more tragic: "In 1874 I attended a wealthy lady about fifty years old, and her house was but five doors from my own. She was perfectly well at six o'clock in the evening. She went to bed as usual. In the night she was taken ill, and I was called over to the house by another doctor, for consultation, at six o'clock in the morning. After doing what we could I left at seven to finish my toilet and to get some breakfast. The other doctor also retired soon afterward, as he found he could not be of any immediate service. I returned at half past nine o'clock and found her, not in bed, but in the back parlor enclosed in an undertaker's ice chest. From what I knew of the character of her case, it was one in which returning consciousness would be almost certain to follow a period of apparent sinking away of life. If there ever was a case of restoration after suspended animation, that should have been one. The undertaker's excuse was that mortification might set in, when he ought to have known that it takes twelve hours for animal life to leave the body after death and before decomposition can set in.

"After death there are three stages in the processes of decomposition. On the first day the features and the flesh are sunken in and the pallid shade of death is very ghastly. On the second day there is an improved look in every respect, and the remains lose a part of the pallor of the first day. On the third day the flesh becomes full again, the skin clears up and the natural hue of life returns to a degree that in some cases is almost startling. At the end of this period discoloration sets in and decomposition does its work with great rapidity if the weather be warm. But these changes can be postponed without difficulty by the proper use of a very little ice on the stomach, and some diluted carbolic acid sprayed into the nos-

trils. In 1848, when modern iceboxes were unknown, I kept the body of my mother four days in the hottest summer weather of July. My son dropped dead in the street from kidney disease. He was in full health, and I kept the remains in fine condition for five days with a simple pan of ice. I was attending a poor little girl on Thompson street. Her mother was so poor that I did not charge her anything. When the little sufferer passed away I told her mother that an undertaker would come and order the remains to be put on ice, but I would show her how to keep the body until time for burial. It would keep without trouble, for there was no flesh to decay. I left the mother to go to my office for a certificate of death. When I returned, the body was on ice as usual, and the mother told me that the undertaker had come and told her that she must have the remains put into an icebox without delay. She thought it must be some kind of an official utterance, so she borrowed \$10 and gave it to the undertaker before I could return."

In conclusion, Dr. Vanderpoel thinks that physicians, the Board of Health, and the law, should take measures to put a stop to such indecencies. There is no necessity for the practice, no excuse for it except the sordid anxiety of the undertaker to make an exorbitant fee. He strongly favors the Neurological Society, which, he understands is making efforts to have a medical expert especially detailed to investigate each case of reported death, and make a scientific examination as to whether the doctors themselves might not have erred and issued certificates before the vital spark of life had really fled. —*Medical Advance*.—*Chicago Eclectic Medical Journal*.



DISPOSAL OF THE DEAD.

The manner in which the nations of ancient times, and those of more modern disposed of their dead, is a subject which cannot fail to interest the curious, and a brief allusion to it may not be unprofitable.

It is well known that the Egyptians exhausted both skill and science to preserve the perishable bodies of their friends which gave rise to the process of embalming, which art is now said to be lost.

The Greeks often, though not universally, cremated their dead, and placed their ashes in an urn.

The Romans early practiced the custom of burial, but subsequently cremated their dead.

Some Gipsy tribes buried their dead upon the tops of high mountains, whilst others laid them in the water.

The Parsees, and the inhabitants of Tibet, exposed their dead to be devoured by beasts and birds of prey.

The residents near the Ganges laid their dead, or dying relatives along the banks of the river, that the tide might carry them away.

The Jews had their sepulchres wherein they laid their dead and oftentimes they found their last resting places in spots endeared to the living from peculiar associations. Samuel was buried in his own house; Deborah, under a tree; Manasseh, in the garden of Uzzah; and Aaron, Eleazer and Joshua in the mountains. Rachel was buried on the highway leading from Jerusalem to Bethlehem.

Burying in church-yards, and under churches, is among the more modern customs. This custom is to be deprecated as well as that of burying in the midst of cities and popular towns.

The modern custom of fitting up burial places in proper situations in rural districts, cannot be too highly commended. The beautiful monuments; the expressive emblems displayed; the trees and pleasant flowers; the inviting ponds of water: the neatly constructed walks,—these combine to render such spots attractive to the living. and are in striking contrast with those bleak, barren, cheerless places selected by our fathers for the resting places of those they loved.

Death should be divested of everything unlovely. It is man's best friend, and children, youth, and manhood should be able to contemplate it without a shudder; and the more we beautify and adorn our places of burial, and render them attractive, insomuch do we take away that fear and dread which so often attend the contemplation of death.

B.

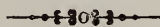
KOUMISS.

Its Virtues and Peculiarities, and How to Make It.

In view of the notoriety recently attained by this beverage, or rather the name of this beverage, and the almost complete ignorance that exists among the public concerning the article which is now being used as food for the wounded President, the following has been prepared, and may be found rather more instructive than the scanty definition which the dictionary has so often furnished during the past month.

Koumiss, Kumis or Kumys—the latter probably being the most correct rendering—is Arabian milk wine, and has been used for centuries by those kings of the desert, the Arabs, and is now extensively used by the tribes living on the steppes of Russia, but it is only comparatively recently that it has become known to the civilized world, having been introduced by Javotzki, a Russian physician. It is now being used with marked success in consumption and other debilitating and wasting diseases, being very nourishing, stimulating and strengthening, and can be readily assimilated by the weakest stomach. It is, besides, a grateful summer drink. There are many methods of making kumys, and, indeed, like bread-making, making it is an art in which practice makes perfect. Probably as good a way of producing the beverage as there is is appended: Mare's milk should be used, though a good article can be made from cow's milk. The experimenter should not feel discouraged if on the first trial a good article is not produced, but try again. Here is the recipe: Take three quarts of fresh, rich milk, three quarts of hot water, half a pound of white sugar and one teacupful of good yeast; dissolve the sugar in the water, add the milk, let the mixture cool to luke warm, and then add the yeast; set the whole in a warm place, as you would bread to rise, stirring it every 20 minutes, and in five or six hours it will be slightly sparkling, and small bubbles will rise to the surface when stirred. Now

put this into very stout bottles, tie down the corks, and set the bottles in a cool place. A thick mass of casein will form on the surface, and when it begins to separate, and twice a day for several days, shake the bottle, and this will fall in a powder to the bottom. When two days old it is ready for use, and will keep a week, but it is best when from two to four days old. It is highly effervescent, and a champagne tap should be used in the bottle. Turn the mouth into a pitcher, covering the pitcher with a cloth, and let the liquid out very carefully. It should properly be used three times a day, a glass before each meal. In starting a new lot, instead of yeast, use a bottle of old kumys. If there be too much alcohol generated, put in less sugar.



CONSULTATION.

If you call counsel, do so as soon as the necessity arises; request the services of a physician in whose judgement as a physician, and in whose honor as a man, you can have confidence; meet him with frankness and on terms of absolute equality—no more, no less. Do not expect too much from him, be not satisfied with too little. Report to him at an early date the condition of your patient after the consultation, and do not hesitate to secure further visits if the condition of the patient warrants it.

If you are called in consultation, make yourself as useful to physician and patient as circumstances permit; do not whitewash ignorance or carelessness, but if occasion for censure presents itself, offer it privately to the physician who deserves it. Keep a strict watch upon your movements, your looks, your every word; make no statements which you cannot make conscientiously, and which you are not willing to stand by; avoid everything which looks as if you were seeking to find fault with the treatment given, or as if you were paid for endorsing, blindly, every act of your colleague.

Last of all: if you call counsel, call a gentleman, or none; if your services are demanded, be sure you go to meet a gentleman—or stay at home.—*Medical Call.*

CAUSE OF DEATH IN DROWNING.

In a lecture delivered by Mr. Barlou, professor of hygiene at the Ecole Centrale in Paris, he called the attention of all present to the alleged fact that when a man is drowned, he dies not from the quantity of water he swallows, but from being poisoned.

The heart is composed of four parts—right and left auricle, and right and left ventricle. The two former cavities contain the impure blood, which is sent to the lungs, where it comes in contact with the air. From thence the blood is conveyed back to the heart, and then passes through the aorta and the entire body. A man under water is deprived of air. His heart still beats for a time. The venous blood, going to the lungs to be purified, remains in its normal state. Returning to the heart again, this impure blood is sent through the arteries in the same condition. Death is the consequence of this fact, and not, as many suppose, from the amount of water that enters the mouth.—*Sunday Dispatch*.



DIGESTION.

Digestion supplies the blood with certain aliments which are essentially composed of carbon, hydrogen, and nitrogen, feebly bound together; respiration introduces oxygen into this same blood, and then a kind of slow combustion goes on, creating heat, whilst the carbon and the hydrogen combine with the oxygen to form respectively carbonic acid and water. As for the nitrogen, it remains fixed in the tissues, contributing either to their growth, or their maintenance. Thus animal heat results from chemical action.

READING WHILE RIDING.

An experienced medical writer has made the statement that imperfect vision seems to have increased since railroad travelling was introduced. An exertion of unusual intensity, both of mind and muscle, is required to read with any degree of satisfaction while the cars are running rapidly on the track. The prolonged effort brings on a kind of dimness of sight, not unfrequently followed by a pain in the forehead, from a determination of blood to that region of the brain, in the unnatural attempt to read while in rapid motion. The practice is exceedingly injurious, and should be abandoned by those who have any desire to use their eyes in old age.—*Med. Intel.*

PODOPHYLLUM BY ENEMA.

Dr. Walter Lindley reports as follows upon this subject: In a case of acute tuberculosis, with frequent attacks of hæmoptysis, where it was a necessity to use opiates and hemostatic astringents, I had great difficulty in securing an action of the bowels. Dr. Widney suggested that I try podophyllum by enema: Fluid Ext. Podoph., gtt. 40; water two ounces. Five hours after injecting the above the patient had a comparatively easy and copious stool. That was six weeks ago, and I have since used this enema with the dose of extract reduced to 15 drops, about every third day. I have employed the same enema in a case of hæmatamesis from gastric ulcer. In this case I considered the action of the podophyllum very valuable. I have also been using it in a second case with happy results, of acute tuberculosis, where opiates are indispensable. The great objection to podophyllum by the mouth is the nausea it excites.—*N. Y. Medical Abstract.*

PNEUMONIA.

Dr. S. C. Cook gives the following treatment for pneumonia: \mathcal{R} Tinct. Verat. Vir. (Norwood's) 20 drops; Fluid Ext. Ipecac, 30 drops; Fluid Ext. Lobelia, 25 drops, and water, 4 ounces. Of this mixture the dose is a teaspoonful every hour. Also, for a plaster, which is to be thinly spread on cloth, and applied over the chest to the extent of dullness,—Fluid Ext. Lobelia Seed, four drachms, and lard four ounces. Avoid letting the plaster extend over the stomach, as it will produce emesis. If the pulse is weak, tincture of Aconite root may be used instead of veratrum in the first prescription in the proportion of 30 drops to four ounces of water. The above will positively cure any uncomplicated case of pneumonia, in any stage, in from twenty-four to forty-eight hours, as I have proven in 112 cases in the last eighteen months without a single exception.—*N. Y. Medical Abstract.*

BRIGHT'S DISEASE.

A writer upon this disease presents the following thoughts in regard to some of its conditions. The bowels, skin, and lungs, are more powerful auxiliaries in the elimination of urinary products than is generally supposed. The cutaneous perspiration not only carries off water, but many of the organic as well as inorganic urinary salts.

Thus, in health, it has been found that the sweat contains urea, uric acid, phosphates and chlorides; while in disease it contains even the insoluble oxalate of lime.

Urea and urates are also contained in the pulmonary exhalation. The vicarious action of the bowels is to be induced by the internal administration of mild or drastic cathartics. When there is much dropsy, elaterium combined with hyosciamus is an excellent remedy.

WAYS OF COMMITTING SUICIDE.

The following truths deserve to be read over and over again, and remembered, for they truly set forth some of the most common ways of committing suicide.

Wearing thin shoes on damp nights in rainy weather.—leading a life of enfeebling, stupid laziness, and keeping the mind in a round of unnatural excitement by reading trashy novels.—Going to balls through all sorts of weather in the thinnest possible dresses; dancing until in a complete perspiration, and then going home through the damp air.—Beginning in childhood on tea, and going from one step to another, through coffee, chewing tobacco, smoking and drinking.—Eating without time to masticate the food.—Allowing the love of gain to so absorb the mind, as to leave no time to attend to health.—Tempting the appetite with niceties, when the stomach says “No.”—Retiring at midnight and rising at noon.—Neglecting to take care of yourself when a simple disease first appears.

DR. FELL'S CURE FOR CANCER.

If none of our readers have met with it before, the following statement may be interesting. Dr. Fell of London, gave a method of curing cancers which he had used for six or eight years, and he affirms that not a case has been known of the re-appearance of the cancer, when this remedy has been applied.

He puts a piece of sticking plaster over the cancer, with a circular piece cut out of the centre a little larger than the cancer, and a small circular rim of healthy skin next to it is exposed. Then a plaster made of chloride of zinc, blood root, and wheat flour, is spread upon a piece of muslin of the size of the circular opening and applied to the cancer for twenty-four hours. On removing it, the cancer was found to

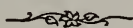
be burnt into, and appeared of the color and hardness of an old shoe sole, and the circular rim outside of it appeared white and parboiled, as if scalded by hot steam.

The wound is now dressed, and the outside rim suppurates and the cancer comes out in a hard lump, and the place heals up. The plaster kills the cancer so that it sloughs out like dead flesh, and never grows again.



RACES: — HOW THEY DIE OUT.

The method in which lower races fuse into, or escape from the higher, is a mystery in its causes, but well understood in its results. The lower race loses its productiveness, and some dozens of extinct tribes, like the extinct genera of animals, attest this. The Red Indians of America, the native race of Peru, and the aborigines of Australia, are examples of this rule. In fourteen years, says a living traveler, the aboriginal inhabitants of Tasmania, although numbering upwards of a thousand, did not give birth to more than fourteen children. We may rest assured that at this rate any class of beings will soon exhaust itself.—*Modern Trav.*



SEA SICKNESS.

Various theories are laid down by authors as the cause of sea sickness. The irritation of the stomach, bowels, solar plexus, from the rocking of the vessel, which irritation is reflected to the medulla oblongata, thence to the stomach, whence the act of vomiting. The recumbent position, a roller around the abdomen, and various other contrivances have been resorted to with very little success,

The idea of diminishing reflex impressibility by cold, has met with great success; but the action of bromine, when properly appreciated in perfectly controlling the impressibility of the brain to reflex irritation, is beautifully illustrated in sea sickness. This, then is the remedy,—bromide of potassium or ammonium in proper doses.—*Ex.*

NEURALGIA.

The great prevalence of neuralgia should be regarded as a warning indicative of a low condition of health, which must necessarily render those who are afflicted with this painful malady specially susceptible to the invasion of diseases of an aggressive type.

Neuralgia indicates a low and depressed state of vitality, and nothing so rapidly exhausts as pain that prevents sleep, and agonizes both body and mind.

It is worth while to note this fact, because, while the spirit of manliness incites the strong-minded to patient endurance and suffering, it is not wise to suffer the distress caused by this malady, as many are now suffering it, without seeking relief, forgetful of the danger it bespeaks, and the constitutional danger of which it is a warning sign.—*London Lancet*.



DR. DE WILDE'S PROBE.

The following account gives a description of a very ingenious piece of mechanism for the detection and extraction of bullets in wounds, devised by Dr. De Wilde. The probe, consisting of two steel wires insulated from each other, is connected with an electric horse-shoe magnet and a bell, and when introduced into the wound, it touches the bullet, the circle is completed and the bell rings.

The forceps act on the same principle, and are intended, first to detect, then to seize the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction into a wound, and are not uncovered until the supposed bullet is felt. This is effected by means of a sliding tube.

Dr. De Wilde's probe is a sensitive, artificial finger, which enters deeply into the tissues, and gives the signal at once when it detects the hidden source of mischief.

MISCELLANY.

PARASITIC SKIN AFFECTIONS. It is said that nearly all these depend on the formation of a low vegetable growth of a fungous nature in the deeper layers of the epidermis, and upon the surface of the cutis. Chemical researches have demonstrated that all preparations of sulphur, as sulphuric acid, sulphite of soda, hyposulphite of soda, and their various compounds, have a special capacity for destroying the vitality of such vegetable organisms when they are brought in direct contact with them. Thus we have a rational ground for the exhibition of these remedies.

JUST SO. "I see no reason why I should not call on my neighbors or friends of the Allopathic, Homœopathic or Eclectic schools, to advise for my child when it is sick. Yet the intolerance of existing professional rules is such that I cannot do so without risking a wrathful refusal. I sincerely hope the Eclectic school will not countenance any such middle-age folly, but that it will adopt a sensible, kindly, and manly rule of tolerance and professional good-fellowship in all such cases, no matter what school of practice may be followed."—*Horace Greeley's Address.*

VACCINATION. Dr. Jenner made the first experiment in vaccination in May 1796, by transferring the pus from the pustule of a milkmaid, (who had caught the cow-pox from the cows,) to a healthy child; and publishing the result, the practice spread through the civilized world. Previous to vaccination the deaths from small pox in London were about 4000, or about one in five or six. Since, they have been reduced to an average of 1000. or less.—*Lib. of Reference.*

This account was written several years ago. The reduction of the average at present is very much greater.

EFFECTS OF MEDICINE. The same medicines have contrary effects primarily and ultimately, and as applied to different

functions of the system. Thus opium is at first stimulating, and then sedative. Cayenne and black pepper are inflammatory stimulants of the skin, but remove inflammation of the palate. Turpentine excites the skin, but operates as a sedative in puerperal fever, and on the kidneys. Digitalis diminishes the action of the heart and arteries, and increases that of the absorbents.—*Reece*

RUBBER OVERSHOES Many persons wear rubbers in cold dry weather, to keep their feet warm. This is an injurious practice. They are very comfortable and valuable for covering the feet in wet sloppy weather, but they should never be worn on any other occasion: their only use should be to keep out water. They should therefore be put off on entering the house, and be worn as little as possible, because they are air tight, and both retain and restrain the perspiration of the feet.—*Ex.*

TETANUS, AND CHOREA. For these affections the callabar bean has been highly recommended. Its action is that of a direct sedative to the reflex excitability of the spinal cord; hence its value in tetanus, chorea, and similar troubles. All that is necessary is that the remedy should be administered sufficiently often, and in such doses as to obtain the primary and energetic sedative action on the reflex activity and spinal cord.

CHARCOAL. Dr. Stevenson gives a favorable account of the use of charcoal in biliary derangements. He says it is an excellent aperient and tonic, and extols it in pulmonary and hepatic diseases, where great debility, accompanied with hectic fever, renders the use of other medicines hopeless. He also advises its trial in cases of derangement of the digestive system. The dose is a teaspoonful two or three times a day in milk.

FLATULENT DYSPEPSIA. Dr. Willis says: in that form of dyspepsia attended with rapid fermentation of food, an evolution of gas soon after a meal, no remedy gives so prompt and satisfactory relief as chloroform, in doses of fifteen or twenty drops, in one or two teaspoonfuls of glycerine, or simple syrup. The gases are expelled from the stomach in a few minutes

after taking the dose, fermentation is arrested promptly, and very seldom indeed, is any unpleasant effect experienced

CASTING NATIVITIES. This, among astrologers, means the drawing out a picture of the heavens at the time of birth in which the signs are disposed in twelve equal spaces, called houses, and the planets, etc., are put into the signs. On this, judgement is given, but as there is no possible or probable connection between these signs and the individual whose nativity is pretended to be set up, so a pack of cards, or any other combination, would answer the same purpose.—*Gromio*.

CLEANLINESS FOR THE SICK. Few things are of greater importance in the cure of disease than cleanliness. When a patient is suffered to lie in dirty clothes, whatever perspires from the body is absorbed, and serves to nourish the disease and increase the danger. Many diseases may be cured almost by cleanliness alone; most of them may be mitigated by it, and in all of them it is highly necessary both for the patient and those who attend him.

CASCARA SAGRADA. This fluid extract is in my opinion the best remedy for habitual constipation now in possession of the profession. After a large number of trials, I can speak with confidence. The remedy is safe, and not at all unpleasant to take. I have never prescribed the maximum dose, but have begun and continued with doses of *fifteen drops* night and morning, with the best results.—*Dr. Barrows*.

HAY FEVER. This disease is prevalent in Switzerland, as much among the Swiss as among visitors. Dr. Blackley, who has been studying this disease, relates that he induced hay fever in his own person by the introduction, on the nasal mucous membrane, of various kinds of pollen. As a rule graminaceous pollens are found to be incitants of the peculiar discomforts of the fever.—*Boston Journal*

SNUFF-TAKING. It is said that this habit took its rise in England from the capture of large quantities of the article in Sir George Rooke's expedition to Spain in 1702. The prize of the forces was sold in England, and gave rise to a habit now general, and which yields a large revenue. It is useful

only to those disposed to apoplexy, increasing the secretions and acting like a seton.

LACTATE OF IRON. This is regarded by many high authorities as superior to all other salts of this agent, on account of its mild and genial action, and being at once miscible with the lactic acid of the gastric juice, instead of having to be converted into a lactate at the expense of that fluid, as is asserted to be the case with the other preparations of iron before assimilation.

SLAUGHTERING INNOCENTS. The mother who lends herself to this wickedness, does so at the hazard of her life. It is a most unnatural crime, and even in the most abandoned cannot be viewed without horror ; but in the decent matron, it is still more unpardonable. Those wretches who daily advertise their assistance to women in this business, deserve the most severe of human punishments.

IPECAC. For cases of indigestion in which the stomach acts slowly and imperfectly, and the food lies heavy, and there is mental or bodily languor, or pain after meals, ipecac, says Dr. Budd, of England, is a most effective remedy. He gives it in the morning fasting, and generally combines it with about three times its weight of rhubarb.

OXYGEN. Although oxygen is essential to support life, in a pure state it will soon destroy it, by the sudden and powerful excitement it produces in the system. A few inhalations of pure oxygen will increase the pulse from seventy or eighty, to one hundred and twenty, or to one hundred and thirty beats a minute.

CHROMIC ACID. This agent is considered by some, if not the best, certainly the least painful of all caustics. It is extremely well adapted to destroy all morbid growths or excrescence. It is not painful, and not liable to spread like most caustics. It has been successfully used to destroy cancrioid excrescences on, or near, the os uteri.

VERATRUM AND QUININE. These agents are said to be incompatible. Dr. Bradley says "when a patient is under the influence of veratrum vir. it is highly dangerous to adminis-

ter quinine. There is an immediate sinking and irregularity of the pulse, which in some cases reaches collapse.—*Med. and Surg. Reporter*.

LONG LIFE. Says a very observing writer,—men of every occupation, and situation of life, have lived to a good old age; some even, have enjoyed this blessing, whose plan of living was by no means regular; but it is generally true that all very old men have been early risers. This fact is almost unexceptional.

CANNABIS IND. Dr. Sinkler, of Philadelphia says: this remedy in doses of one-sixth of a grain of the solid extract, three times a day, has been very successful in the treatment of epilepsy, in his hands. One very severe case he notes as promptly cured.

CONCENTRATED REMEDIES. Many of the most potent concentrated remedies, fluid extracts, etc., now in use by old school practitioners were discovered and introduced to the profession by American Eclectics, and are in daily use among physicians of this school.

ECCHYMOSIS. Dr. Powers recommends for "black eye," as for black and blue spots on other parts of the body, the application of cloths wrung out in hot water, as hot as can be borne. He commends it from many years experience.—*Medical Brief*.

CREMATION. It would seem that this method of disposing of the bodies of the dead is growing in favor, at least with members of the profession, for it is reported that over one hundred members of the British Medical Association have signed a petition in favor of cremation.

CLOVER HAY. An infusion of clover hay is said to be one among the best remedies for persistent cough in children. Make a strong infusion, strain and sweeten it, and give the child a teaspoonful of it every one or two hours. It is also said to be an excellent remedy for whooping cough.

CHLORINE GAS. This gas destroys the volatile effluvia of putrefaction and infection; and a solution of the chloride of

lime is bleaching powder, and employed for this purpose. A tablespoonful in a wine-glass of water, spread on a plate, destroys all infection, and purifies the air of sick chambers.

THE ITCH. Vinegar is recommended as being a speedy and reliable remedy in this unpleasant difficulty. It should be rubbed in with a coarse sponge, when a few applications will generally effect a cure. It is certainly a more pleasant application than the sulphur treatment now often used.—*Ex.*

EGG-ZACTLY. A hen's egg weighs on an average about two ounces, and if *good* is made up of ten parts shell, sixty parts white, and thirty parts yolk. The white of an egg contains eighty-six per cent. of water; the yolk fifty-two per cent. of water.

SMALL POX. Dr. Marsden of Quebec recommends balsam copaiba, in three drop doses, rubbed up with albumen, or mucilage and syrup, and administered three times daily, as a remedy in small pox. The doctor thinks it may also be serviceable in scarlatina.

TOOTH ACHE. Take of the extract of Belladonna, two grains, extract of Cicuta one grain, and Chloroform half an ounce. Dissolve the extracts in the chloroform, wet a little cotton in the mixture and apply to the tooth. The relief is said to be instantaneous.

CHRONIC HOARSENESS. The following is recommended for hoarseness arising from thickening of the vocal cords and adjacent membranes. *R.* Tinct. Guaiac. Ammo. and Syrup of Seneca, equal parts; of this mixture take a teaspoonful two or three times a day.—*Am. Practitioner.*

CHILDREN. Those who have charge of children should of course do all they can to prevent sickness; but when a child is taken ill, some skilful physician should be summoned at once. The diseases of children are generally acute, and delay is dangerous.

FIRE ARMS. Loaded fire arms, if it is ever necessary to keep them in the house, should always be put so far out of reach of children as to render it impossible for them to get at

them. Innumerable accidents have occurred, some of which have been fatal, for want of this precaution.

THE PHYSICIAN. The true skilful practitioner, in his combats with disease, will avail himself of all the weapons which the armory of science furnishes, and not be restricted in his operations by the narrow rules of this or that party.

HEREDITARY DISEASES. Among hereditary diseases, the most dreadful is insanity; and yet the observation of almost every day evinces how little this consideration affects the matrimonial alliances which occur.

GEOLOGY. This is among the grandest of sciences; it adds interest to our walks and journeys; it teaches the young even to be observing. It is practical, and not difficult to acquire, and leads to useful discoveries.

PERMANGANATE POTASS. This is affirmed to be a valuable remedy in diabetes. It destroys, by oxidation, the sugar in the blood, maintains the animal heat, and aids nature in rectifying the morbid change incidental to disease.

ADULTERATION. Terra alba, or white earth, is used to adulterate white sugars, cream of tartar, and other commonly used articles. Its use tends to produce disease of the kidneys, bladder and stomach.

LOBELIA. Besides its specific properties as an emetic, expectorant, etc., it has other valuable properties; but its main efficacy is in stimulating and restoring the normal action of the capillary system.

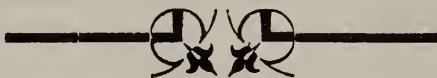
ELATERIN. This is a powerful hydragogue cathartic, exciting or unlocking the whole serous tissue of the intestinal canal. The dose is *one-twelfth* of a grain three times a day, in solution. It is esteemed valuable in dropsy.

ASTRONOMY. Bailly maintained, from oriental records, that astronomy was cultivated in Egypt and Chaldea 2800 B. C. In Persia 3209. In India 3101, and in China 2952.

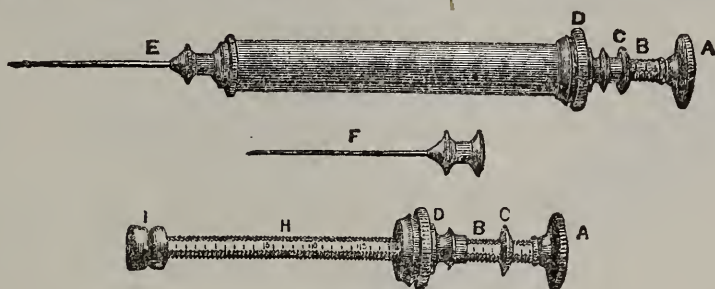
AGUE. Ague often resists the action of quinine, but if it is combined or alternated with gelsemin, it will immediately check the paroxysm.—*Ex.*

MEMORANDA.

1771. Scheele, chemist, discovered an acid to dissolve glass.
" The plague in Russia destroyed 62,000 lives.
1772. Nitrogen was discovered by Dr. Rutherford.
" An epidemic in Bohemia destroyed 168,000 lives.
" Epidemic catarrh prevailed in parts of America.
" Epidemic measles proved very fatal in So. Carolina.
" Morgagni, anatomist, died in Italy, aged 90 years.
" Dr. Gerard Van Sweiten died in Austria, aged 72 yrs.
1773. The plague in Persia destroyed 80,000 lives.
" Dr. John Gregory died in Scotland, aged 48 years.
" Dr. John Clayton died in England, aged 88 years.
" Dr. Charles T. Ludwig died in Germany, aged 64 yrs.
1774. Dr. Quesnay died in France, aged 80 years.
" Scheele, chemist, discovered barytes and chlorine.
" Dr. Priestly, of England, discovered oxygen gas.
1775. The theory of chemical affinities was established.
" Dr. Joseph Warren killed at Charlestown, Mass., aged 34
1776. Dr. Priestly, of England, discovered nitrous oxide.
" Scheele, chemist, discovered uric acid.
" Dr. William Battie, died in London, aged 72 years.
" Dr. Theophilus Borden, died in France, aged 54 years.
" Dr. Anthony De Haven died in Netherlands, aged 71.
1777. Dr. Albert Haller died in Switzerland, aged 68 years.
" Dr. Lionel Chalmers died in So. Carolina, aged 62 yrs.



NEW HYPODERMIC SYRINGES.



No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxidation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

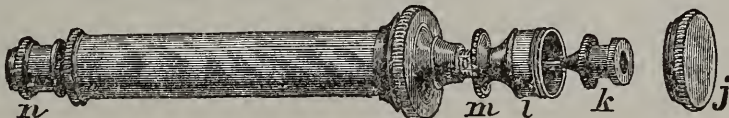
No. 3, Compact, has hollow piston rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the pocket instrument or vial case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4: one only with No. 3. They are refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices; No. 1, \$3.50; No. 2, \$4.00; Postage, .03. | No. 3, \$2.50; No. 4, \$3.50; Postage, .02

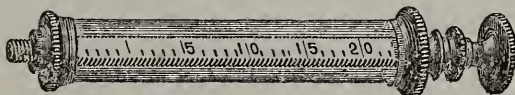
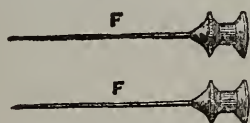


No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case. \$3.00. .02.



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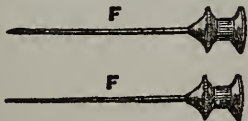
No. 9.

No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case. \$3.00. .02.

No. 7 or No. 9, with two steel unplated needles, either 2.50. .02.

No. 10, glass, Luer's (French,) graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case 12.00. .02.

No. 11 glass cylinder, fenestrated nickel-plated metal mounting (see cut).



CODMAN & SHURTLEFF, BOSTON.

No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its lesser liability to breakage. Price, with two best steel gilt needles, in a neat case \$3.50. .02.

Any of the above will be sent by return mail on receipt of price and postage.

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THE VERY LATEST IMPROVEMENT.

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A Pencil which writes INK, never
needs sharpening, and never
wears out.

The Stylographic Pen is an entirely new writing instrument
for the desk or pocket, combining the convenience of the
lead pencil with the permanency of pen and ink.



THE ADVANTAGES OF THE PEN:

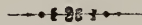
The advantages of such a pen are self-evident. Do you want to write a letter, a prescription, indorse a check, or take notes? Slip off the point cover and place it upon the other end of the pen so that you will know just where to find it. Give the cover of the air-case a turn, and then write all day, if you like, with no dipping for ink, no inking of fingers, no scratching or clogging of pen, and no blotting of paper. When you have finished writing, close the air-case by a reverse turn of the cap; replace the point-cover and go your way. The pen will be ready for use when you want it again, whether it is in five minutes or a year. Where speed and legibility are required, the Stylographic Pen is much better than the ordinary pen, as the necessity of dipping for ink is obviated, and the smoothness and shape of the point admit of a free passage over the paper, leaving a clear, uniform line. As an office "ruling pen" it surpasses anything else for that purpose; as a pocket pen, it is perfect, being at once air-tight and always ready for use. Send for Circular and Price List to

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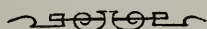
Commences the first Monday of October, 1881, and continues Five Months.

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Whole Number Graduates, 500.



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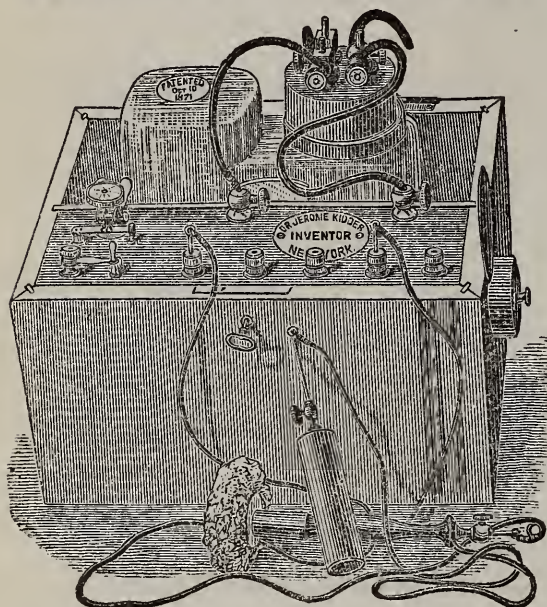
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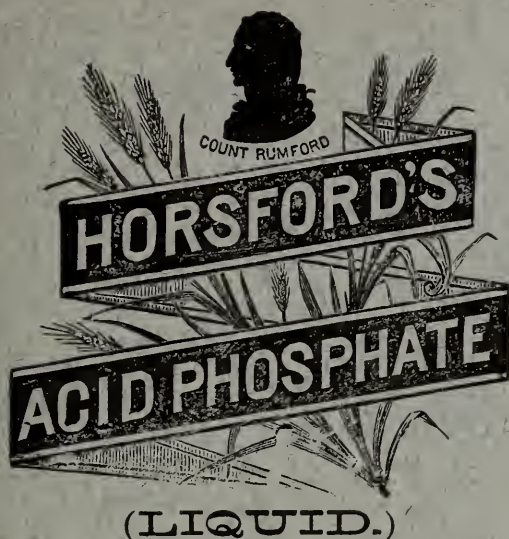
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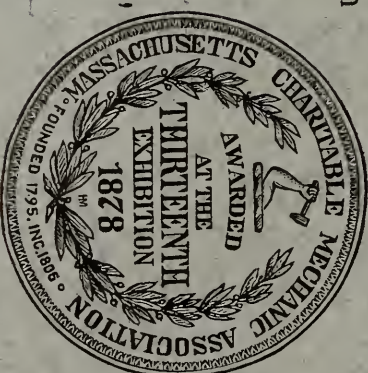
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Eclectic Medical Journal.

VOL. I.

BOSTON, OCTOBER, 1881.

No. 10.

REMINISCENCIES AND CONCLUSIONS DRAWN FROM AN OBSTETRIC PRACTICE OF TWENTY-TWO YEARS.

READ BEFORE THE BOSTON ECLECTIC GYNECOLOGICAL AND OBSTETRICAL SOCIETY.

By C. Edwin Miles, M. D., Boston, Mass.

— CONCLUDED. —

The period of pregnancy having been completed, what are the duties of the obstetrician in the parturient chamber? To some it appears that little need be done by him. In "their practice no accident ever occurs; no mother or child is lost." A village physician, of ten years' practice, told me that he had attended two hundred and seventy-four cases of midwifery and had never seen but one case of malpresentation, and that was a breech, and mother and child did well; while out of seventeen consecutive cases in my own practice, I once saw four cases of breech presentation, all of which were in primipara, and two of the women were sisters; again, in thirty consecutive cases I saw the occipito-anterior position four times. Another physician told me that in a practice of more than twenty years, and numbering more than five hundred cases, he had never had occasion for forceps, and had lost neither mother nor child. But such is not the common fortune of the obstetrician.

The old maxim, "meddlesome midwifery is bad," is true enough; but it in nowise proscribes that helpful midwifery that ministers to the necessities of the parturient woman. Given a woman in childbed whose labor is progressing naturally

in every way, and is in a condition that warrants the prognosis that she is fully equal to the event, the obstetrician who then resorts to the oxytoxics or forceps to gain time, or the anæsthetics to gratify his patient, does so at more or less risk of doing her harm, and is "meddlesome" beyond what is sound in principle and judicious in practice. For admitting, as every careful observer must who has had any considerable experience in obstetric practice, the immense value of these agents when demanded, there is not a positive certainty that harm may not come from them; and he is a fortunate obstetrician who has never felt it might have been better had he withheld the ergot, the anæsthetics or forceps in a given case; but no more so than he who, too, has never felt that he may have let the golden opportunity slip when he should have availed himself of these incomparable aids in difficult midwifery. A thorough knowledge of these means, and the proper time and methods of their use, controlled by a calm judgment, alone insures their highest utility in the obstetric art.

In addition to the aids to delivery mentioned, I cannot fail to refer to abdominal pressure, about which much has been said, both pro and con, latterly. To my own mind this method has been greatly overrated; and in several instances I have been compelled to believe while little aid has been afforded in expelling the foetus, harm has been done to the mother by it. There are some strong reasons for the opinion that the action of the abdominal muscles aid but little in labor; certainly this is the case when the parturient woman is under the influence of an anæsthetic. The pressure of the hands upon the abdominal walls may do something toward stimulating pains, but I am certain it is often the cause of great tenderness in that region however skilfully applied, and should be cautiously made if at all.

In regard to the oxytoxics, I would refer to the favorable opinion I expressed in a paper a few years since before the State Society, of the Ustilago Maidis, which has been greatly strengthened by further experience in its use. The labor pains excited by it are strong, firm and natural, and as far as I have observed perfectly intermittent; and in my opinion it only has to be more used to be highly appreciated by the profession. It is also more pleasant to the taste than the Ergot, and the dose required is smaller as a rule.

Brief reference will now be made to some cases in practice that have been of special interest to me

CASE I.—Ossification of the Cranium. Mrs. M. was my third case after entering practice; 35 years of age; Irish, primipara. Saw her at 9 A. M. Found labor progressing slowly; very little dilatation of the os uteri; 6 P. M. os was dilated as large as a silver dollar and dilatable;—head presentation. Midnight, os was fully dilated, the waters had broken; head descended into the true pelvis, but was firmly fixed and hard; could find neither of the fontanelles nor sutures. Called counsel and was informed that I “was young in practice and too easily alarmed. If I would have patience the case would terminate well in a few hours.” The regular labor pains continued frequent and strong for nearly twenty hours longer, when both myself and patient had become quite exhausted. I then sent for counsel again, requesting him to come prepared to make the operation of craniotomy, which was performed, but not until there had been a failure with the forceps. The perforation and breaking down of the cranium was very laborious and tedious. The foetus weighed nearly thirteen pounds. In two weeks the mother was doing her house work and made a perfect recovery.

CASE II.—Rigid Os Uteri, Excess of Water, etc. Mrs. P., 30 years of age, primipara, had been in labor ten hours when I first saw her at 6 P. M. Found the os as rigid and tough as sole leather; patient was very nervous; she thought she was two weeks over time. Saw her again the next morning; had slept some during the night; pains had been frequent; could pass the finger through the os to the membranes; great rigidity; gave Tinct. Lobelia Seed freely and examined again mid-day. In the evening I found the condition of the os unchanged. Patient was very restless. Prescribed Morphia, gr. $\frac{1}{3}$. The next morning I found that she had slept some during the night, and the os was dilated to the size of a half dollar. For the next five days the os remained as last described, and exceedingly tough, and the pains were frequent. The lobelia and gelsemium were exhibited freely; the former by enema several times; opiates were given to procure sleep. Ether she would not take; chloral was not thought about at that time. This was eighteen years ago. During the next thirty-six hours there were few pains, and not until

the ending of the seventh day did the os become dilatable. I then ruptured the membranes by means of a female catheter, they being too firm for me to break them with the finger. There was an immense gush of water, more than a gallon being caught in a vessel as it flowed from the bed. The labor was speedily completed, giving birth to a dead and syphilitic foetus; the mother, as I afterwards learned, having had the disease several years before.

CASE III.—Rigidity of the Os. Mrs. L, multipara, was taken in labor on the afternoon of Nov. 21, and I was soon called to see her. Found the os uteri dilated to the size of a silver quarter of a dollar, but firm; the pains were slight; after remaining an hour, I left stating I would not call until sent for. On the 25th, I saw her again, and found the os slightly more dilated than at the previous visit, but “the pains had subsided after the doctor was sent for;” she had rested poorly for the past two nights. Gave Sulphate Morphia, gr. $\frac{1}{4}$, which was followed by a good night’s rest. There was little pain for the next three days. On the 30th, I found her with some pain; the os was the size of a half dollar, but thick and firm. Patient was about house most of the day time, and dined and took tea with the family. Gave Morphia, gr. $\frac{1}{4}$, and the patient was very comfortable until December 7th, when severe labor came on and I was called. Found the os fully dilated and the labor was completed in about one hour, the lady giving birth to a fine child, and made a rapid and complete recovery.

Very tedious indeed are some cases of labor complicated with rigidity of the os. The tincture of the lobelia seed by mouth or by enema generally acts admirably where the os is tough and leathery; so likewise we may say of the morphia and chloral hydrate, and the anæsthetics; but not always. The extract of belladonna applied to the cervix has also proved an efficient remedy in certain cases. Patience and time, will kindly take care of most of these cases if not caused by structural disease of the parts.

CASE IV.—Puerperal Convulsions. Mrs. G., primipara, age 22, nervous temperament, was taken in labor at 6 P. M., and convulsions at once supervened. I saw her in about one hour after first attack. Found os dilated sufficiently to introduce the finger. At the first approach of pain the convulsions

would set up, and partially pass off when it subsided. Gave Ether, and as soon as the dilatation would allow, Hodge's forceps were applied and gentle traction was made; the progress was slow but steady. After the lapse of about one hour delivery was accomplished, the child being dead, and the convulsions ceased. The mother made a good recovery.

CASE V.—Puerperal Convulsions. Mrs. K., primipara, age 19, short, compact build; was taken in labor at 4 P. M., at her seventh month, and convulsions at once followed, from which she never rallied. I saw her soon after labor commenced, and found the os uteri firmly closed. The pains were frequent and with each recurrence there was an exaggeration of the convulsions. Exhibited the gelsemium freely. I also gave freely by enema what used to be known as the "third preparation," but always, as I thought, to excite to greater violence the convulsive movements. I have never prescribed it in a similar case since. The patient was placed under an anæsthetic and delivered by the forceps of a still-born foetus. She survived several hours after the birth of the child, but immediately became convulsed if the anæsthetic was discontinued for many minutes.

CASE VI.—Uterine Inertia. Miss J., primipara, age 18 years, was taken in labor at full time. Dr. H. was called and found first stage of labor very active; dilatation was soon completed when all pain ceased, not to return, though abdominal friction, manual irritation of the os, and large and frequent doses of ergot were used. After the lapse of twenty-four hours counsel was called and "patience" was prescribed in her case. At the expiration of forty-eight hours I saw the patient, who was greatly exhausted, and her physician with waiting. The Hodge's forceps were applied without special trouble, and the woman delivered of a foetus weighing about seven pounds that had evidently been dead for several days.

CASE VII.—Forceps Fractured within the Pelvis. Mrs. M., multipara, age 30, Irish, had been in labor about two days, attended by a female midwife when I was called to see her. The head of the child laid in the true pelvis and it had probably been there for twenty-four hours and there had been but little pain. The patient was very weary. I gave a cup of warm drink, and applied for the first time a new pair of the Dublin forceps. They were adjusted easily, and locked

readily. Gentle, but steady pressure was applied, when in an instant a click was heard all over the room. The right hand blade had fractured. The instruments were gently withdrawn. I at once sent for counsel who applied Bedford's forceps; in about fifteen minutes the child was extracted, the broken piece of the blade, about one-half the fenestrated portion, lying between the forcep and the head of the child, which was dead, and had been for a day at least. The mother made a good recovery.

What lesions might have occurred one can well imagine. The sensation of the obstetrician so caught, however, is not a pleasant one. On returning the forceps to the maker he at once presented another pair, saying, "no apology was equal to the case."

CASE VIII.—Breech Presentation with complication of the cord. Mrs. R., primipara, age 35, called me late in the evening; had been in labor several hours; waters had broken two hours before. Found the os nearly dilated and soft; breech presentation and well down in the pelvis. The pains were sharp and long, but after laboring for five hours very little had been gained, the foetus returning to nearly its previous position after each pain. Fully satisfied that delivery could not be accomplished without artificial aid, I gave ether and used the blunt hook, exercising great care not to convert the case into the footling presentation, which is too often done, and is a most injudicious procedure in breech presentations. After more than one hour's effort the body was delivered, the head following in two or three minutes, so fully had it dilated the parts. The child was still-born, the umbilical cord being twice wound around the body, and once about the neck of the child, and the placenta partially adherent.

It is only in those cases, in breech presentations, where the head is delayed within the parts after the delivery of the body, that I have ever seen any real benefit from external pressure, as before alluded to in this paper. Then aid may be given by an assistant placing the hands directly above the pubic bones and making firm pressure, while the obstetrician manipulates the head.

CASE IX.—Twins with Knotted Umbilical Cords. Mrs. C., multipara, was taken in labor at eight months, and was delivered in about five hours of a still-born child; in ten minutes

more she was delivered of another child still-born. They had probably been dead for three days. They were both contained in the same sac, there being no septum, the cords having two placental attachments, and were thirty inches in length. About midway they were tied together in several knots much like the figure eight. [See Figure 1.]



No. 1.

Knotted Umbilical Cord.

How and where the knotted condition of the umbilical cord is formed has occasioned much curious speculation among obstetricians. Some claim it occurs in early foetal life, others at later periods of intra-uterine life, when the foetus is active, allowing it to slip through folds of the cord. But the more modern opinion is, that it happens during the period of labor, the umbilical cord lying around the os uteri, the foetus passing

through its fold or folds forms one or more knots according to the number of folds in the cord.

A most interesting paper on this subject was read before the Boston Obstetrical Society, some years since by William Read, M. D., which will amply repay perusal.*

CASE X.—Exomphalos. Mrs. L., German, age about 30 years, primipara, called me early on the morning of January 1, 1878, to attend her in child-bed, and had a quick and natural labor, and was delivered of a female child at full term. A neckless protrusion or sac, involving more than one-half of the surface of the abdomen, and covered by peritoneum and the connective tissue, constituting a true exomphalos, at once attracted attention. [See Figure 2.]



No. 2.

Exomphalos before Dissection.

*American Journal of Medical Science, Vol. XLII, 1861; page 381.

The child weighed nearly eight pounds, and cried well, and nursed some for four days; the bowels moved several times, and the urine passed during this time. She then began to droop, and died at the age of 6 days and 10 hours. An autopsy was made at which several medical friends were present, and the protrusion was found to contain the intestines, except the rectum, also the liver and bladder. The remaining abdominal organs were nearly in their normal position.

It will be perceived that this condition is not umbilical hernia, as the protruding sac has no neck, but the parietes of the abdomen are more or less unclosed allowing a portion of the abdominal viscera to protrude into it.

But little can be done for this condition, except to keep the rupture reduced as much as possible. Some spontaneous cures have been reported, the protrusion receding after the sloughing of its coverings.*

CASE XI.—Delivery followed by Metritis, etc. Mrs. S., primipara, age 22 years, progressed well in labor until the child's occiput descended to the soft parts; there was then a cessation of pains and a prolonged delay. The forceps were applied without any difficulty, and in a few minutes the mother was delivered of an healthful female child weighing nearly eleven pounds, without any rupture or abrasion of the parts. Her progress was excellent until the seventh day, Dec. 2d, when, after my morning visit, she persisted in sitting in her chair only partially covered. This, the nurse informed me, was followed by a severe chill and subsequent high fever. I next saw her on Dec. 4th, when I found the pulse at 130 in the minute, temperature at 105° F., great thirst, extreme tenderness in the hypogastrium and over both iliac regions, scanty urine and severe pain over the whole body. Constipation and delirium soon supervened. The veratrum, aconite and opiates were administered as indicated; turpentine stupes and hot fomentations were applied externally. There was unmistakable uterine subinvolution, periuterine cellulitis, and pelvic peritonitis. For more than two weeks the pulse ranged from 120 to 130 per minute, and the temperature from 103 to 105° F. From the twelfth to the sixteenth day there were marked indications of phlebitis. On the tenth day of the ill-

*Holmes' Surgical Treatment of the Diseases of Infancy and Childhood.

Second Edition, 1869; page 559.

ness the entire hypogastric region had the hardness of a board to the feel, and there was perfect fixation of the uterus. For more than thirty days the patient remained extremely prostrate and quinine and alcoholic stimulants were exhibited. At the fortieth day there were marked signs of improvement; but ninety days elapsed before she could be placed in a reclining chair raised at 45° ; and four months passed before she could step from her chair to her bed. In five months she dined with her family, but at that time there was fixation of the womb. After the lapse of six months the womb was movable and the patient was in fair health. In some three years she gave birth to her second child, and has had two since then. Following these labors she made perfect recoveries and is in the best of health at the present time.

I relate this case specially to illustrate the fearful results that may follow slight deviations from the right course in the lying-in room, and also to show the wonderful recuperative powers of some women, and the reward that may follow the the patience and attention, and persistent treatment that may have seemed utterly hopeless for a long period of time.

As the case progressed, nutrition was carefully attended to, the vaginal douches of warm water were kept up for months; iodine was applied to the abdomen frequently, and the iron tonics administered, alternating with Muriate of Ammonia in Tincture of Cinchona.

CASE XII.—Puerperal Mania. Mrs. D., multipara, age 30 years. Had a quick and easy labor. Progressed well in every way until the sixth day morning when she seemed careless of her babe and moody toward her husband. Was a very cheerful woman naturally, and very happy in her domestic relations; no heredity, and had not shown any indications of mental indisposition with her three previous children. On the ninth day she refused to talk or eat, and used every means to prevent urination. This condition continued to increase until the fifteenth day, when she was removed to an asylum. She fully recovered in about five months and has since borne a child, and made a prompt and good recovery. The cause of the attack was very obscure.

CASE XIII.—Puerperal Mania. Mrs. H., primipara, age 26 years, head presented. Had a tedious labor, and after thirty-six hours, was readily delivered with forceps of an

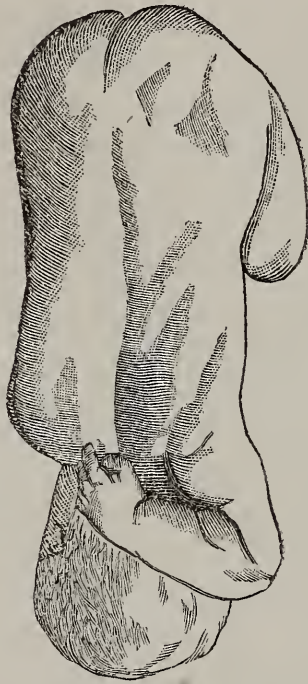
healthy child. Progressed well for four days, when the pulse and temperature suddenly rose, the lochia having ceased the evening previous. I was called in consultation on the eighth day after confinement. The parturient odor was apparent but not marked; no tympanites; pupils fixed and dilated; the delirium was wild and incessant except when held in check with heavy doses of chloral and bromides, and so continued until her death which occurred the fifteenth day after delivery.

These two cases will illustrate two forms of the puerperal mania;—the acute and the melancholic, the former of which is more frequent than the latter, and are, as has been suggested, cases of true puerperal mania, a point which is too often forgotten in statement if not in diagnosis and treatment. The mania of pregnancy occurring, as a rule, in the early months of that condition, and the mania of lactation coming on at a later period after parturition, and undoubtedly having a different etiology than puerperal mania.

CASE XIV.—Dorsal displacement of the Arm. Mrs. T., primipara, was taken in labor during the morning. I saw her 10 A.M.; found the os uteri dilating slowly, and the head presenting; saw patient again at 8 P.M.; the os was fully dilated and the head of the child descending and quite filling the pelvis. The pains were strong, but there was no progress in the next three hours. Gave ether and with some difficulty applied the Hodge's forceps, but failed to deliver. Eminent counsel was called. It was evident the child was dead, and the pains were so continuous and violent that it was deemed unadvisable to attempt to return the child and make the podalic version. Craniotomy was resorted to. There was but little difficulty in making the perforation, but the extraction was very slow from relative size of the shoulders to the outlet, and the position of the left arm which was discovered at the dorsum of the neck, and pressed firmly against the brim of the pelvis at every expulsive pain, and when extractive force was applied to the instruments. [See Figure 3.] The foetus weighed eleven pounds.

These cases are very rare, and were first mentioned by Sir James Simpson, in the first volume of his "Selected Obstetrical Works," and is also briefly noticed in Playfair's "Science and Practice of Midwifery."

The difficulty in diagnosing this condition must always be great; and especially so, when, as in the case presented, the head had so completely filled the pelvis that the finger could not be carried sufficiently high up to detect the arm until its capacity had been reduced.



No. 3.

Dorsal Displacement of Left Arm.

Whenever the head partially passes into the pelvis, and the pains are normal, and the space seems ample, and yet the labor does not progress, the dorsal position of the arm might be suspected, and under an anæsthetic the true position might be learned, except in such a case as the one above mentioned. If the pelvis be roomy, it might be possible to place the arm in its normal position, otherwise the podalic version should be attempted. Craniotomy in some cases must be the last resort.

CASE XV.—Ruptured Perineum. Mrs. W., multipara, age unknown. Had been several hours in hard labor when I

was called, and the head had evidently been engaged for some time in the ischiatic bones, and there were indications of exhaustion. After watching the case for an half hour the Dublin forceps were applied, and with very little force she was delivered, but with the coming of the head, which was carefully steadied with the forceps, the perineum was rent to the sphincter ani, like the tearing of a bit of wet paper. The patient asked me—"Am I torn, doctor?" I said: "why do you ask that question?" "Because," said she, "I was terribly torn, and then stitched when I had my other child." Informing her of her true condition, I at once put in two sutures which was all she would consent to have done. After adjusting a broad bandage about the abdomen and confining the knees, I gave her an opiate and left her very comfortable; but on visiting her the next day I found her fully determined that neither the nurse nor myself should give the parts any attention, and no persuasion would influence her in the matter in the least. "She had had trouble enough from doctors and nurses and would not be bothered any more by them," making it utterly impossible to give her that care that was necessary to secure a successful treatment of her case. On the fourth day, contrary to all advice, she persuaded a servant to give her a bowl of highly seasoned mutton broth which induced a severe diarrhoea, and the sutures were undoubtedly torn out at that time. On the tenth day indications of septicæmia supervened, and the case terminated fatally sixteen days after delivery.

To prevent the rupture of the perineum should be the great care of the obstetrician, although there are cases where this is impossible. What is the best method for its accomplishment may be difficult to decide. As relaxants to the parts the tincture of lobelia seed and chloroform stand foremost as therapeutic means. Steady pressure forward on either side of the perineum with the thumb and fore finger of the hand that can be the most readily used, thereby favoring the dilatation of the anus, tends to relax it better than any other mechanical means. Much is also gained when the expulsive pains are long and severe by the mother refraining from voluntary efforts, thus shortening the pains and allowing the child to recede, the parts dilating more slowly. Anointing the parts with some unctuous substance will likewise prove

serviceable. The palm of the hand of the obstetrician placed on the protruding head will also give it support and retard, in a measure its too sudden expulsion, and when the forceps are used, much can be done with them to restrain and steady the progress of the head in the last minutes of labor.

It is also to be borne in mind that danger to the perineum is not passed, in many cases, after the delivery of the head, the shoulders often proving an obstacle to its safety, and continued support and the skilful manipulation of the arms may be required to prevent harm.

But a rupture extending into the perineum having occurred shall an operation be made for its restoration regardless of the extent of the lesion? If an affirmative answer be given, then the operation will be made very frequently, for the accident in a minor degree is quite common in the primipara, at least.

In considering the necessity for the operation, pro and con, one is forcibly impressed with the fact that certain women evidently suffer protean difficulties from very slight rupture of the perineum, while others get on marvelously well who have very extensive rupture of that organ.

The manner of recovery after the operation is also variable and curious, often depending much on the general condition of the patient, undoubtedly. Failures will occur however in a slight rupture where the operation has been most skilfully made and judiciously cared for.

There can be no question about the necessity for operation where the sphincter has been ruptured; that operation for ruptures to the sphincter should be urgently advised by the obstetrician is also imperative. In those cases where the ruptures are slight and the outlet is small, whether or not the broad binder, well adjusted, may not serve all practical purposes is worthy of consideration.

The hint from certain gynæcologists that there is too great tendency to operative interference in the matter of cervical and perineal ruptures, is undoubtedly worthy the candid consideration of the profession.

Whenever the operation is to be made, as a rule, it should be done as soon as convenient after delivery, while the parts are benumbed from pressure; and great care should be exercised that a sufficient number of sutures be applied and

of requisite depth to bring the entire edges of the wound in close apposition, notwithstanding the risk that comes from the new lesion that each suture must make, as failure in this respect has frequently prevented success. The value of proper attention to the quiet of the patient and cleanliness of the parts cannot be over estimated during the ten days following the operation.

The proper removal of the placenta is another important duty to be attended to, and should never be done hurriedly nor rudely. The recent method by expression must commend itself to the careful and patient obstetrician. A few minutes waiting gives time for coagula to form in the uterine sinuses; and then by gentle pressure of the palm of the left hand on the fundus of the uterus it will strongly contract, and in a few minutes will be expelled, the uterine coagula following immediately. Care should be taken that the placental membranes are entirely expelled. It is my practice to administer a drachm or two of fluid extract of ergot, or half a drachm of *ustilago maidis* before leaving my patient, for the prevention of hemorrhage and long continued after-pains.

The adjustment of the binder demands the attention of the obstetrician. Partially discarding it for a time, no doubt at present exists in my mind as to its value, if it be sufficiently broad to reach from far down on the hips nearly up to the ensiform cartilage, the adjustment to be such as to give a sense of comfort to the patient. Beneath the binder and over the uterine region should be placed a folded napkin, moistened with dilute alcohol. A similar application should be made to the labia, care being taken that it is not strong enough to create smarting in the parts.

The patient delivered, bandaged, and neatly and quietly placed in bed, the direction of first importance is that she shall be kept free from the annoyance of family cares and the frequent calls of friend. Meddlesomeness in this latter direction, has been of immense harm to many a lying-in woman. Shielding the woman from the direct rays of the sun and from artificial light is an efficient aid to her getting sleep; but the habit of some nurses of making the room utterly dark is most pernicious practice. Good air is also very important to the well-being of both mother and infant.

The question as to the most suitable diet for the first few days after confinement is a mooted one, just now. Fortunately the "starvation" plan is at present nearly obsolete. But that the other extreme is obtaining with certain obstetricians, is more than probable. Unquestionably the severe strain on the woman, who has gone through the struggle of child-birth, demands that she should receive proper food for her restoration; but on the other hand, during the period of reaction and the concomitant excitement, it is reasonable that the food taken should be of an unirritating and easily digested material. Hence, until the stage of excitement has passed, and the secretion of milk has taken place, and there has been a gentle movement of the bowels, I advise a diet of milk, cocoa, oatmeal, stale bread, with the jellies, blanc mange with cream, dropped eggs, and the plain animal broths. Draughts of water should be given the patient frequently when she desires.

Formerly it was a prevalent custom to administer a cathartic to the woman the second day after her confinement, but it is now less common, except among physicians and nurses of ancient notions. The rule is, if the diet is judicious, this function will be performed without the aid of medicine. It may occur, however, that the bowels will be sluggish, or gases may accumulate in them sufficient to cause the patient much uneasiness, and sometimes positive distress. For these conditions an enema composed of warm water, one pint; common hard soap, four drachms; mix thoroughly, and add olive oil, one ounce; oil turpentine, half a drachm, will give speedy relief.

If an operative medicine by mouth is preferred, Metcalf's elixir cascara sagrada is an excellent preparation.

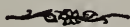
How long the parturient woman should be kept in bed must vary with the differing conditions of patients; but the conservative course is the safer for the lady. Haste too often makes waste in this matter. That much comfort may be gained by frequent changes in the bed is apparent; and when the strength is sufficient, if she be helped into a sitting position when passing the dejections, it will give aid in removing the uterine and vaginal debris; but this should never be attempted to the exhaustion of the patient.

It is never to be forgotten that the after-pains are nature's

effort to expel offending matter from the womb, and to aid in its perfect involution, and while they are sometimes so severe as to require treatment, incalculable harm is often done by undue medication in preventing them. The gelsemium, viburnum and sometimes the opiates may be required to mitigate their severity.

When the puerperal odor is present, one drachm of the chlorate of potassa, in a goblet of cold water, from which a tablespoonful is occasionally taken, will prove an efficient remedy.

A vaginal injection of warm water medicated with the chlorate of potassa, or a weak solution of carbolic acid, administered every day or two for several days during the latter part of the parturient week, adds much to the cleanliness of the parts and serves as a preventive of leucorrhoeal discharges in the future.



STIMULANTS IN FEVER.

I avow, for my own part that, when I see the respiration hurried and impeded by debility, the pulse flagging, the skin covered with a cold and clammy exudation, I do not entertain any very fastidious scruples as to the ulterior effects of stimulants. I am only afraid of finding them inefficient to act upon the little remains of excitability present. The objections which have been so obstinately urged against them, originated surely, in the logical essays of the closet; not in the sick rooms, or in the hospitals; not at the bedside of the debilitated and dying.—*Dr. Dickson, So. Carolina.*

CAMPHOR.

At a meeting of the Societe Medico-Pratique, Paris, many of the members cited facts tending to prove that camphor is a medicine, the abuse of which is extremely dangerous. M. Homolle related a case of phthisis, in which he prescribed more than twenty grains of camphor, in divided doses, in twenty-four hours, the effect of which was, that the patient was attacked with frightful dyspnœa, continued nausea, and violent palpitation of the heart, all which symptoms were with much difficulty subdued.

Dr. Gaide mentioned the case of a man who was in the habit of taking camphor in very large doses, as a consequence of which he became affected with aggravated diphtheritis.

M Moreau stated that he had seen a lady attacked with acute meningitis, which only yielded to the most active treatment, from having taken large doses of camphor to cure an obstinate neuralgic affection.

Dr. Labarraque said that a man for whom he had prescribed six grains of camphor, was attacked with violent vomitings which nearly proved fatal.—*Dublin Journal*.

RELATION OF FOUL AIR TO CONSUMPTION.

“Experiment has shown that if an animal be kept confined in a narrow closed apartment, so that the air supplied is always more or less vitiated by the carbonic acid which it expires, however well fed that animal may be, tubercle (consumption) will be developēd in about three months.” If this be the case, a large percentage of cases of consumption should be met with among the inmates of badly ventilated schools. But, fortunately, the disease is comparatively infrequent under

the age of fifteen, and added to this is the protecting influence of the active exercise in the open air usually indulged in by school-children. It is upon the teachers that its blighting effects are most apparent, as they are predisposed by age, they neglect exercise in the open air, and *their mental labor is severe, and worry of mind exhausting*. Of eleven teachers who died during the last eight years within the limits of one county in Pennsylvania, two died of acute disease, one of an overdose of an habitual narcotic, and of nine attacked by consumption, eight died—six ladies and one gentlemen; the other, a gentleman, will recover, at least for a time.—Dr. P. J. HIGGINS, in *Popular Science Monthly*.

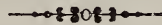


THE RECREATIONS OF SCHOOL-CHILDREN.

In choosing the mode of a child's recreations, it should be borne in mind that their main purpose is to restore the tone of the mind and its harmony with the physical instincts by supplying the chief deficiencies of our ordinary employment. For a hard-working blacksmith, fun, pure and simple, would be a sufficient pastime, while brain-workers need a recreation that combines amusement with physical exercise—the unloosening of the brain-fiber with the tension of the muscles. Emulation and the presence of relatives and schoolmates impart to competitive gymnastics a charm which a spirited boy would not exchange for the passive pleasure of witnessing the best circus-performance. Wrestling, lance-throwing, archery, base-ball, and a well-contested foot-race, can awaken the enthusiasm of the Grecian *palæstra*, and professional gymnasts will take the same delight in the equally healthful though less dramatic trials of strength at the horizontal bar. But, on the play-ground, such exercises should be divested from the least appearance of *being a task*—even children can not be happy on compulsion.

There is also too much in-door and in-town work about the present life of our schoolboys. Encourage their love of the woods; let us make holidays a synonym of picnic excur-

sions, and enlarge the definition of camp-meetings; of all the known modes of inspiration, forest air and the view of a beautiful landscape are the most inexpensive, especially from a moral standpoint, being never followed by a splenetic reaction. A ramble in the depths of a pathless forest, or on the heights of an Alpenland, between rocks and lonely mountain-meadows, opens well-springs of life unknown to the prisoners of the city tenements.—DR. FELIX L. OSWALD, in *Popular Science Monthly*.



GREAT INCREASE OF SMALL POX IN LONDON.

The Registrar-General in his Annual Summary for the year 1880, tabulates the small-pox mortality of London for the last thirty years as follows:—Decade 1851-60, estimated mean population 2, 570,489, the small-pox deaths were 7,150. From 1861-70, population 3,018,193, deaths 8,347. From 1871-80, population 3,466,486, and deaths 15,543. It is absurd to say, in the face of these returns that vaccination has saved thousands of lives, or that the mortality would have been greater but for vaccination, or that the deaths accrue, as Dr. W. B. Carpenter maintains, from the “unvaccinated residuum,” seeing that in the first decade, when but few, comparatively, were vaccinated, the mortality was not half as great as in the last, when 85 per cent. of the infant population had received the benefit of the State-endowed prophylactic.

These facts, coupled with the additional one that during the twenty-six weeks ending July 2d, 1,635 persons died in London of small-pox, 422 of whom were under five years of age, show an enormous increase of small-pox, are utterly subversive of the claims of Vaccination, and call loudly for a repeal of the despotic law by which it is enforced.

THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION, 114 VICTORIA STREET, WESTMINSTER, S. W.

July 1881.

WM. YOUNG, SECRETARY.

UNITING DIVIDED TENDONS BY SUTURES.

By A. A. Hubbell, M. D.

It is not according to most surgical authorities and practice to bring into apposition the ends of severed tendons by sutures. The usual treatment is to place the parts to which they are attached in such a position as to allow the divided ends to come as near together as possible, and retain them there by proper appliances until healing is accomplished. By this method, however, almost without exception, the divided ends are not brought entirely together, but by the unopposed contraction of the muscular fibres they are kept some distance apart, and consequently the full, natural movements of parts are forever impaired. Thus in the fingers, if the flexor tendons be divided, more or less permanent extension remains, and there is an inability to perfectly close the finger to which the cut tendon is attached. On the other hand, if an extensor tendon be severed, there is more or less permanent drooping of the finger moved by it, and the patient is ever afterward unable to raise or extend it. Such a result is not desirable, for the permanently flexed or extended finger is often in the way, and interferes with the full use of the hand.

All treatment of completely divided tendons has one object in view to be obtained,—the bringing together of their ends. The only way by which this can be fully attained is by passing sutures, one or more, through each end, having first withdrawn them by forceps or tenaculum from within their sheath, and carefully bringing them together and tying the suture. Having thus secured them, the extremity, or finger, should be so dressed with splints and padding as to preserve as little traction as possible upon the injured tendon. The following case illustrates this treatment and the excellent results that may thus be obtained.

John C. was accidentally wounded by broken glass on the

back of his hand over the fourth metacarpal bone near the carpo-metacarpal articulation. This accident occurred at 9 A. M. The patient, not being able to find the writer, sought the services of another physician, who dressed the hand by bandaging it over a ball of cotton in the palm of the hand, with a straight splint over this and along the anterior surface of the hand and forearm, leaving the fingers considerably flexed. Through the suggestions of some friends, the patient became dissatisfied with this dressing, and he consulted me at 5 P. M., the same day. I found the hand dressed in the position above described. I removed the bandage and other appliances, and on examination, found the tendon of the extensor communis digitorum going to the third finger divided, and the ends nearly an inch apart. The finger drooped, or rather was flexed by the antagonistic flexors, and the patient was unable to extend or raise it. I expressed the opinion that, if the finger must always remain in that position, as it must with that treatment, it would be better for the use of the hand to have it removed by amputation. I advised him to allow me to re-open the wound, take up the ends of the tendon, and draw them together by suture. The patient consented. The parts had become somewhat swelled, the tissues were infiltrated and the sheathes blocked with the deposition of inflammatory products, and consequently some difficulty was encountered in finding the severed ends. This was finally accomplished, and they were drawn out with forceps, and two sutures were passed through them, and tied, drawing them into close and perfect apposition. The ends of the sutures remained outside. The finger and hand were dressed with a straight splint anteriorly, and with a compress underneath the fingers in such a manner as to secure full extension, and a two per cent. solution of carbolic acid kept constantly applied to the wound. Very little suppuration followed, the sutures came away in about a week, and the wound rapidly healed. The result was a perfect union of the tendon, with ability to fully extend the finger. At first the skin was adhered to the parts beneath, but by absorption this attachment was soon loosened, and the hand is entirely normal both in appearance and movement.—*Phys. & Surg. Inv.*

LETTER FROM LEWISTON, ME.

MR. EDITOR:

In a September number of the Boston Medical and Surgical Journal, I noticed a letter from Portland, on medical matters in Maine, etc., in which the writer takes occasion to say, "This year's legislature was applied to for a charter for an Eclectic Medical College to be located in Lewiston.

As originally framed, the bill was so worded that, if it had become a law, we should probably have had a diploma-mill in this State whose operations might have rivalled those of the notorious Philadelphia establishments. But fortunately there were a few medical men in the legislature who presented the case so luminously to their fellows that essential alterations were made in the proposed charter, and the amount of damage of which the concern will be capable is greatly diminished. As now constituted the law requires of every would-be Eclectic M. D. the successful passage of as severe a public examination in the fundamental branches of medicine as the candidates in the Medical School of Maine are subjected to before they are allowed to graduate.

As it is improbable that members of the regular profession will attend the examinations, the faculty and friends of the institution will have everything their own way, and the amount of protection which society will experience is likely to be rather small."

The writer appends no signature, but we presume by the "regularity" of his fling at our Eclectic Medical College, that he is a "regular" graduate of a "regular" college of *the* "regular" school. As it is written in the interest of exclusive medical education and in a hostile spirit, we do not regard it as worthy of reply except in so far as it may deceive the public.

In the first place, the charter, as passed, is not essentially different from the original bill.

In the next place the "few medical men who presented the case so luminously," consisted of an obscure physician

from an obscure town, who had recently graduated at a "regular diploma-mill," and who thought this his opportunity to acquire a little personal notoriety.

In the next place the strictness of the requirements for graduation is precisely what the friends of the institution desired, and will, we think, greatly enhance the "amount of damage the concern will be capable" of inflicting upon medical exclusiveness.

It may be true, as the writer remarks, that members of the "regular" profession will not attend the examinations; but we presume the immaculate "regular" who wrote the article does not know that about one-half the Faculty of our college are graduates of old school colleges, but who, like the better class of old school practitioners have outgrown the exclusiveness and snobbery of the schools by broader culture and experience.

We expect just such opposition to our school as the spirit of the aforesaid article foreshadows; but it is the purpose of the faculty and friends of the Eclectic College of Maine to require and maintain a standard of medical attainments that shall compare favorably with any medical college in New England.

In closing we protest against the term "regular" as applied to any exclusive school. We claim that whatever the law makes regular is regular, and he is a regular physician who passes successfully through the required courses and examinations and graduates at a legally instituted medical college, and we deprecate the writer's use of the term regular in any narrower sense than this proposition implies, as calculated to bring the term into contempt.

AN ECLECTIC, M. D.



Soluble Elastic Filled Capsules.

We desire to secure the attention of medical practitioners to the Soluble Elastic Filled Capsules of our recent introduction into this country. These Capsules are so different both in appearance and quality, from any heretofore placed on the American market that we especially request that opinion regarding them may not be prejudiced by previous knowledge of a similar class of goods.

Our Capsules are manufactured after a method not previously employed in this country, workmen and apparatus having been especially imported from Germany for the purpose. Our claims of superiority for them are based on the following qualities:

1. Their Transparency. They are made of the finest quality of white gelatine and are perfectly transparent, permitting a full inspection of their contents. This property is calculated to prevent the sophistication possible under the use of opaque gelatine.

2. Their Elasticity and Lubricity. These properties remove completely as possible, everything which prevents their easy deglutition. They may be easily moulded between the finger and thumb, and when held for a moment in the mouth the action of the saliva on the gelatine covers them with a mucilaginous coating which greatly facilitates their swallowing.

3. The Quality of their Contents. They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.

4. Solubility. The solubility of these Capsules may be determined by the simplest test. Allowed to lie loosely in the mouth the contents escape in from two to three minutes, and there is not the remotest possibility of the capsules passing intact with the fæces, as is sometimes the case with the ordinary filled capsules.

5. Their Sizes. Heretofore the filled capsules offered the profession of this country have not contained more than ten minims of the liquid. We have in our list capsules containing all the way from ten minims to half an ounce. The larger capsules are designed more particularly for the administration of cod liver and castor oils. Notwithstanding their size, they are, owing to their elasticity and lubricity, swallowed as readily as an oyster. The advantages of such capsules are too obvious to require enumeration.

These Capsules are put up in a style in keeping with their elegance, in boxes containing one, two and three dozen.

The following few formulæ selected from the list will convey an idea of the class of ingredients with which these capsules are filled:

Castor Oil,

10 minims.

Castor Oil and Podophyllin,

Castor Oil, 10 minims.

Podophyllin, $\frac{1}{2}$ grain.

Cod Liver Oil, Best Norwegian,

10 minims.

Cod Liver Oil and Creosote, (2grs.)

Cod Liver Oil, 10 minims.

Creosote, 2 grains.

Cod Liver Oil and Iodoform,

Cod Liver Oil, 10 minims.

Iodoform, 2 grains.

Cod Liver Oil and Phosphorus, (1-60.)

Cod Liver Oil, 10 minims.

Phosphorus, 1-60 grain.

Crude Petroleum Mass,

10 minims.

Cod Liver Oil and Creosote, (4 grs.)

Cod Liver Oil, 10 minims.

Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron,

Cod Liver Oil, 10 minims.

Iodide of Iron, $\frac{1}{2}$ grain.

Cod Liver Oil and Iodine,

Cod Liver Oil, 10 minims.

Iodine, $\frac{1}{2}$ grain.

Cod Liver Oil and Phosphorus, (1-30)

Cod Liver Oil, 10 minims.

Phosphorus, 1 30 grain.

Phosphorated Oil, Compound,

Phosphorated Oil, (1-60 gr.) 10 m.

Extract Nux Vomica, $\frac{1}{4}$ grain.

Phosphorated Oil, (1 50 gr.)

1-50 gr. Phosphorus in 10 m. of Oil.

Cod Liver Oil,

5 grams.

Cod Liver Oil,

15 grams.

Copaiba, Cubebs and Sandalwood Oil,

Copaiba, best Para, 6 minims.

Essential Oil of Cubebs, 2 minims.

Sandalwood Oil, East India, 2 minims.

Copaiba, Cubebs and Buchu,

Copaiba, best Para, 6 minims.

Ethereal Extract Cubebs, 2 minims.

Extract Buchu, 2 minims.

Copaiba, Cubebs and Rhatany,

Copaiba, best Para, 6 minims.

Ethereal Ext. Cubebs, 2 minims.

Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 gtt.,

With Sweet Almond Oil, q. s. ad 10 m.

Oil of Male Fern and Kameela,

Oil of Male Fern, 9 minims.

Kameela, 5 grains.

Castor Oil,

5 grams.

Castor Oil,

15 grams.

Send for special descriptive circular "Filled Elastic Gelatine Capsules."

PARKE, DAVIS & CO.,

Manufacturing Chemists,

DETROIT, MICHIGAN.

NEW REMEDIES,

Introduced by PARKE, DAVIS & CO., Detroit, Mich.

MANACA.

(FRANCISCEA UNIFLORA.—Pohl.)

A recent introduction from Brazil, where it is extensively used as a specific remedy against Chronic Rheumatism.

Manaca is officinal in both Brazilian dispensaries. They describe it as being a powerful anti-syphilitic, purgative, diuretic and emmenagogue, the dose being given at eight to twenty grains of the powdered root. In the province of Amazonas no remedy is more extensively used than manaca; in the damp, shady forests, rheumatism principally in the chronic form, is a very common disease, and manaca is regarded by all classes as the remedy.

Dr. Hansen writes: Although having had no opportunity of trying the manaca myself as yet, I conclude from the information received from medical men and others during my residence in Brazil that it is a powerful catalytic, with circumscribed specific action on some morbid materials in the blood. The Brazilians, in calling it *mercurio vegetal*, would seem to have accorded to it the same properties as mercury, and they are probably not far from being correct. If so, the danger attending the use of mercury would render it a valuable substitute. It is in the various chronic forms of rheumatism, that manaca becomes almost a specific in Brazil, and I consider it worthy of a careful trial in this disease. The small dose would probably be the best form of administration, five drops of a fluid extract three or four times daily.

JAMAICA DOGWOOD.

(PISCIDIA ERYTHRINA.)

Fluid Extract of the bark of the root. Commencing dose, thirty drops, which may be increased to two fluid drachms.

The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country, making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic, capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of mezereum. It yields its virtues to alcohol, but not to water. He first tried it on himself, when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensation which follow a dose of opium.

Liquor Ergotæ Purificatus.

Physicians have long felt the want of a reliable preparation of Ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts. Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwelcome results.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without corresponding result.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

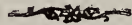
We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify PARKE, DAVIS & CO.'S "LIQUOR ERGOTÆ PURIFICATUS."

THE ANÆSTHETIC ACTION OF ELECTRICITY.

This is the subject of a lecture by Dr. Paul Julius Mœbius (Cincinnati *Lancet and Clinic*) from a foreign journal. He claims that the electric current rarely fails to alleviate not only neuralgic, but even those pseudo-neuralgic pains caused by the the compression of nerve-roots from enlargement of adjacent inflamed organs. As instances of this relief, he mentions caries of the spine, rheumatic spinal meningitis and phthisis. Similar results could be cited in painful affections of the muscles and joints. On this latter point, he quotes the observations made by Brenner upon his own person, while suffering from acute articular rheumatism. In his case, the shooting neuralgic pains were alleviated by the application of the electric current, while the inflammatory pains due to the inflammation itself remained. As further objects of the anæsthetizing effects of the current may be mentioned the tooth-ache caused by caries, as well as the pains radiating from diseased uteri. Electricity acts, not like chloroform, nor like morphia; it is only effective in a limited number of cases, having a neuralgic character, a condition difficult to define. When, however, we encounter a characteristic neuralgic pain, its cause is to be sought for in a peculiar alteration of the sensitive nerves or central organs; this change we call neuralgic, which is not identical with the inflammatory, but cannot be more closely defined. This neuralgic change, which may occur with or without accompanying inflammation, is removed or altered by electricity. The galvanic current, therefore, serves the double purpose of a diagnostic and a therapeutic means; it alleviates pain, while it proves that pain to be of a neuralgic nature. We have as yet no satisfactory theory based upon this experience to explain its purely anæsthetic action. As to the mode of application of the current, he found that any one of the usual modes lessened the pain. The constant current acts anæsthetically more

frequently than does the faradaic; the anode is to be preferred to the cathode over the painful spots; slow interruption acts more effectively than the uninterrupted stream.—*Chicago Medical Times*.



UNION OF TENDONS.

Dr. Charles Baum reports a case occurring in the practice of Dr. D. Hayes Agnew, which illustrates the readiness with which tendons unite. The patient's hand was struck on its dorsal surface by a circular saw. The stroke divided all the tissues, and almost completely severed the metacarpal bones, except that of the thumb, just one and a half inches from the wrist-joint. The distal ends of the tendons of the extensor communis digitorum were lying at the bottom of the wound much lacerated. The proximal ends were retracted to such an extent as not to be visible. Each retracted tendon was brought down by passing a pair of forceps along the sheath to the extent of three-quarters of an inch. A fine carbolized catgut suture was passed, first, through the centres and through the sheaths of the divided tendons, and their ends brought well into apposition. Immediately after the sutures were fastened, the patient was able to extend his fingers almost as well as before the accident. The patient made a good recovery. The power of extension is free and strong. He can pick up a pin with ease; his fingers have become as supple as ever. He has long ago resumed work, and experiences no restraint in the muscular action of his fingers.—*Philadelphia Medical Times*.

MARTIN'S ELASTIC BANDAGE.

READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.

By A. J. Marston, M. D., Plymouth, N. H.

I wish to call your attention very briefly to the importance of this bandage in the treatment of several of the most obstinate diseases that the surgeon and physician are called upon to treat.

I doubt if there is a surgeon or physician who has had any extended experience with these bandages but will indorse my assertions as to the great value of them in the treatment of ulcers of the leg, especially when caused by a varicose condition of the superficial veins. I have such confidence in the results of their proper use in varicose ulcers, that I can almost say, they are infallible. Having had some of the worst cases of the kind and *cured* them by their use, I have every reason to put my trust in them. Although not a few have failed to get good results from their use, I believe it the fault of the doctor rather than the bandage. I am aware that among this number who have thrown it aside as a failure, are more far above me in the learned science, still I feel that by some means they become prejudiced before they gave it a fair trial.

Dr. A. Jackson Howe, of Cincinnati, speaks very disparagingly of this bandage in the Eclectic Medical Journal of that city, but by the tenor of his article I judge he has never used it in his own practice, but became satisfied of its worthlessness by seeing its results upon a patient that ultimately came into his hands. To my mind the description he gives of the condition in which he found the patient and the method in which the bandage had been applied, showed conclusively that it had been in the hands of one who knew nothing of its action or of the method of application. To illustrate this:—a

homœopathic physician, who has an extensive practice in the same town with me, came into my office about a year ago, to have a social chat with me; upon my table was one of Martin's bandages, (one of the thickest ones,) used for varicose veins. The doctor had never used one and wished to know what I used it for; I told him, but did not offer to explain *how* to use it, as he asked me no further questions concerning it; but, as he was about leaving the office he asked if I could spare it, as he had a case on hand that he would like to try it upon. I told him he could have it and he took it away; within a week he met me and said, "that *bandage* is a humbug, it does more harm than good." Not long after that an old man came into my office and wished me to see his legs, and upon examining them I found the worse case of varicose ulcers that I ever saw; there were, on each ankle joint an ulcer three inches wide and extending two-thirds around the limb; from the ankle to the knee there were at least a dozen ulcers from the size of a half dollar to a silver half dime; all were discharging a thin ichorous pus that had an extremely offensive odor. The feet and legs were œdematous. The old man had been unable to do a day's work for over a year; on the whole it was a case that would have looked decidedly discouraging to me a few years ago, before I became acquainted with *the* remedy for such difficulties. I told him I thought I could cure him. He was willing to have me try, but, as I was examining my stock of bandages, his eye caught them and he said, "don't try any of *them* on *me*; Dr. R——, (the above mentioned physician) tried one on one of my legs and it nearly rotted it off." Upon questioning him, I ascertained that the doctor had put this bandage on quite tight and told him to *keep it on all the time*.

I told him that if I had anything to do with the case I should certainly use the bandages, and I then explained to him how they were to be used. I may as well give the directions here as they will apply to all such cases. I gave him a small quantity of mild zinc ointment and told him to spread it very thinly upon a piece of soft muslin the size of the largest ulcers. The next morning on arising from his bed, and before he had walked any, he was to place the cloths thus anointed on these ulcers, then apply the bandage only tight enough to keep it in place,—commencing low down on

the instep—as he had previously his cloth ones; he was used to the business, having had this trouble more or less for ten years. He was to remove the rubber bandage at night just before retiring, wash his legs and the bandages in castile soap and water, then put on his cloth bandages loosely, for the night. These directions were followed faithfully, as he found the bandages made him more comfortable from the first. Within six weeks every ulcer had healed, and he told me he had not felt so well for ten years. I am aware that this may look to some of you almost incredible; you who have not used this method of treatment, but have relied upon internal treatment and “all healing salves,” and, perhaps the *cloth* bandages.

I fancy you can imagine the amount of advertising this old gentleman has done for me, both by word and by actions, for he now works every day and is over seventy years old.

It has brought me a large number of such cases, and, by the way, this same doctor R—, read a paper before the N. H. Homœopathic Medical Society upon the treatment of varicose ulcers by the use of the rubber bandage, at its last session.

There is no necessity of reporting other similar cases. I have had many nearly as bad and never have I failed to cure or help. This old gentleman will never be able to throw his bandage one side, as at his age the disease is liable to return. I usually have my patient take some tonic or alterative for a time at least, I find they are better satisfied. In the case of this patient, I gave Apocynum Cannabinum and Fowler's Solution, for the œdema; sometimes I use pulverized iodoform to sprinkle on the ulcers using nothing under the rubber, but I find that a thin cloth generally has a better effect, placed over the *large* ulcers.

The bandage has other qualities. It works admirably in diseases and injuries of the joints, especially of the knee and ankle. We are frequently called upon to treat “weak ankles,” brought about first by a severe sprain and then not allowing the strained ligaments and tendons time to recover their strength, by constant use of the limb, until the slightest misstep will cause the ankle to “turn” and thus continually aggravate the trouble. What this ankle wants is *rest* and *support*, and “stimulating liniments” and anodynes will have no lasting effect for good, however persistent one may be in applying them.

Here is where the elastic bandage will never fail you. A thick heavy bandage (manufactured expressly for the purpose by the inventor) applied during the day to give rest and constant support to the weakened part until nature can make the necessary reparation, is the most reasonable and in its results the most satisfactory.

These bandages are undoubtedly valuable in the treatment of cutaneous affections, but I am unable at present to give you the facts in reference to this, not having had sufficient experience with them in that direction.

I wish to call your attention to a new use to which I have put this remarkable bandage; that is, so far as I know, it originated with me. I will say here though, that several months after I had concocted and put in practice this use of the bandage, I mentioned it to the inventor, and his answer was that he had *thought* of its adaptibility in such diseases, but had not put it in practice or mentioned it to the profession. The diseases to which I allude are *varicocele* and *hydrocele*. I stumbled upon the idea at first while thinking what was best to be done with a bad case of varicocele that had come into my hands, in which an operation seemed impracticable. The patient, a man about thirty years old, had first noticed the disease about three years previously, after he had been doing some heavy lifting; since that time it had grown rapidly worse, until at the time I saw him, his scrotum reached nearly half way to his knees, when it was removed from the suspensary bag in which he was obliged to carry it. It had incapacitated him for labor; in fact, he told me he could not stand more than half an hour without suffering intense pain. I could suggest no astringents but what he was familiar with:—they did him no good.

I then told him to come in in three days and I would be prepared to treat him; in the meantime I sent to Dr. Martin for some bandages one inch wide and quite thin, not telling him my plans for fear of a failure. The bandages were on hand when the patient came in, and I applied one as we would an adhesive plaster in orchitis; that is, grasping the scrotum snug to the body, I commenced to apply the bandage, quite tightly at first, then lower down over the testicles, then back to starting point, tying the end by a tape. I then brought the whole up over the pubes and secured it by a strap around

the waist. The man came in again towards evening and said the bandage was coming off; I found it was so. The scrotum had diminished nearly one-half in size; I put it on again and showed him how to do it; told him to put it on as often as it became loose. In a few days he came in again, and on examining I found the varicose condition had disappeared and the scrotum had contracted so much that it was now impossible to bring it up over the pubic arch. After that he wore his suspensory bag to inclose it and assist in keeping the bandage in place. He felt no pain and could walk around town a good deal without any inconvenience.

About three months after this he came in for another bandage as he wished to have one on hand he said. He also told me he had *walked* to town from his home, a distance of seven miles. Since then I have had another case in which I had equally as good success. Hydrocele is another disease which the surgeon has to baffle with, and sometimes without conquering; but I believe that with a right use of this bandage it will be found of the utmost value in the treatment of this disease. If the scrotum is found distended with fluid it would be better to evacuate it by the use of the trocar, but otherwise there is no necessity of doing so, but apply the bandage as directed above; the constant pressure from the elastic bandage will do more than is possible to conceive until trial.



COFFEE AND QUININE.

M. Briquet considers the practice of administering quinine in coffee, open to much objection. He alleges that the tannin in the coffee coalesces with the quinine, forming a tasteless, and insoluble, and almost inert salt,—the tannate of quinia,—from which the stomach has as much difficulty in extracting quinine as from powdered bark. It is, he thinks, one of the worst preparations of quinine.—*Phila. Medical Times*.

EPILEPSY.

Dr. Hart, of Kentucky, says he has tried Lactate of Zinc in combination with Belladonna, in two hundred and forty cases of epilepsy, all of whom had been affected from three to six years.

An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from twenty-four to forty-eight hours. His prescription is: *R.* Zinci Lactatis, grs. 30; Extract Belladonna, grs. 8; mix, and make ten pills, and give one before each meal.

BROMIDE OF AMMONIA.

Dr. W. W. Ogden extols the value of this agent in cases of excessive menstrual discharge, continuing longer than four or five days. His mode of treatment consists in placing the patient in an easy recumbent position, on a hair or straw matrass, with light covering. He gives cooling drinks, and a mild laxative. After the bowels are moved he gives the Bromide at once in doses of twenty, thirty or forty grains, according to the urgency of the case, every three hours, until three doses have been taken; then he reduces the dose to one-half, to be continued as long as required, not neglecting such measures as are calculated to remove the cause.—*Dominion Medical Journal.*

TONSILLITIS.

Tonsillitis, or acute inflammation of the tonsils, commonly results from exposure to cold, in the case of delicate young people who have susceptible throats. Towards evening, the throat feels swollen and painful, and both speech and deglutition become difficult, the voice having a peculiar thick tone, which is very characteristic. On inspection, the fauces will be seen deeply injected, and the tonsils swollen and bulging, both towards the median line and behind the anterior pillars of the fauces. There is great tenderness in the submaxillary region and behind the jaw, and occasionally acute pain in the ear from extension of inflammation along the Eustachian tube. There is considerable general fever, the temperature rising two or three degrees, and the tongue being coated with a white fur; but the pulse, though rapid, has little force, and is very compressible. In from twelve to twenty-four hours, and either with or without a rigor, matter forms in one or, seldom, both tonsils; and, if not relieved, gives rise to great distress from the embarrassment caused to the breathing, the patient sitting up in bed, and constantly hawking up viscid mucous, until at last, in some straining effort, the abscess bursts, and immediate relief with rapid convalescence follows.

In the premonitory or early stage, a mustard emetic often acts as a charm, and produces immediate resolution; but failing this, recourse may be had to warm inhalations, the application of hot poultices below the ears, and the administration of belladonna internally in small and frequent doses, coupled with plenty of liquid food. An early puncture of an inflamed tonsil is much to be recommended, if the surgeon will use a bistoury, covered except for a quarter of an inch from the point, and thrust it boldly through the soft palate, where it is made prominent by the tonsil. The hemorrhage should be encouraged by gargling with hot milk and water, and will give much greater relief than the application of leeches

externally. The same method should be adopted in opening an abscess in the tonsil, and thus all risk of doing damage to important structures will be avoided.—*British Medical Monthly*—*Peoria Medical Monthly*.



COFFEE IN TYPHOID FEVER.

Dr. Guillassee, of the French navy, in a paper on typhoid fever says,—Coffee has given us unhopèd-for satisfaction; after having dispensed it, we find, to our great surprise, that its action is as prompt as it is decisive. No sooner have our patients taken a few tablespoonfuls of it, then their features become relaxed and they come to their senses. The next day the improvement is such that we are tempted to look upon the coffee as a specific against typhoid fever. Under its influence the stupor is dispelled and the patient rouses from the state of somnolency in which he has been since the invasion of the disease. Soon all the functions take their natural course, and he enters upon convalescence.

Dr. Guillassee gives to an adult two or three tablespoonfuls of strong black coffee every two hours, alternated with one or two teaspoonfuls of claret or Burgundy wine. A little lemonade or citrate of magnesia should be taken daily, and after a while quinine. From the fact that malaise and cerebral symptoms appear first the doctor regards typhoid fever as a nervous disease, and the coffee acting on the nerves is peculiarly indicated in the early stages before local complications arise.

THE PLACENTA AS A TAMPON.

J. H. H. Burge, M.D.—I have so often seen the statement that the invariable rule was to remove instantly the separated placenta, that I have often called attention to one phase of the subject which I have nowhere met with in obstetric literature, viz., the value of the placenta as a *natural tampon*. I am convinced from experience and observation that post-partum hæmorrhage is oftener caused by hurrying the after-birth than by anything else. If there is no pain, no obvious occasion for interference arises, I beg, for the woman's safety, that no traction on the cord, no searching for the placental edge, no officious meddling of any kind be indulged in. Let the patient be watched. See that the uterus be well contracted, and you may feel much surer that it will remain so, if you let the placenta alone. It will be soon enough to interfere when the first shock of labor is passed. If the placenta is in the womb, its presence there is the best possible stimulus to contraction—better than anyone's hand, and if, from any degree of inertia, the womb is indisposed to contract, then the placenta (if detached) is the best possible tampon. If it has been extruded from the womb and lies in the cavity of the sacrum, its gentle pressure upon the relaxed os, and upon any bleeding vessels that may exist, is most salutary. Of course, in the case of a strong, healthy woman, in a perfectly natural labor, it may make no material difference how much the placenta is hurried in its exit; but the majority are not of this class. The one point which I wish to emphasize is this: that the placenta is the best and *only* tampon suited to the post-parturient condition; that after its complete separation before it leaves the uterus, or before it leaves the vagina, it possesses all the qualities of an unirritating, smooth, soft, and yet sufficiently firm barrier to the effusion of blood. Extract it before the time, and you have lost an advantage which you cannot regain. I do not advocate leaving the afterbirth

entirely to the unaided efforts of nature. I make no reference to complications and special emergencies. The case is natural—is ordinary; don't take the risk of making it unnatural—extraordinary—by pulling at the afterbirth before the nervous system of the newly-made mother has had time to rally its forces. The time must be left to the individual judgment of the accoucheur. As a rule, do not be in a hurry.—*Brooklyn Proceedings.—Medical Abstract.*

POSITION IN SLEEP.

A very instructive writer in his remarks upon this subject says,—it is better to go to sleep lying upon the right-side, for then the stomach is very much in the position of a bottle turned upside down, and the contents are aided in passing out by gravitation.

If one goes to sleep on the left side, the operation of emptying the stomach of its contents is more like drawing water from a well.

If you sleep on your back, especially soon after a hearty meal, the weight of the digestive organs, and that of the food, resting on the great vein of the body, near the back bone, compresses it, and arrests the flow of blood, more or less. If the arrest is partial, the sleep is disturbed, and there are unpleasant dreams. If the meal has been recent, or hearty, the arrest is more decided, and the various sensations, such as falling over a precipice, or the pursuit of a wild beast, or other impending danger, and the desperate effort to get rid of it, arouses us; that sends on the stagnant blood, and we awake in a fright, or trembling, or perspiration, or feeling of exhaustion, according to the degree of stagnation and the length and strength of the effort made to escape the danger.

TREATMENT OF CANCER.

Schwalbe, of Weinheim, has reported one hundred cases of various forms of indolent glandular swellings treated successfully by the subcutaneous injection of the tincture of iodine. Latterly he has used injections of simple alcohol in fifty similar cases, and has found the results equally favorable and the time required for a cure no greater, and he therefore concludes that the alcohol is the essential remedial agent. He explains its curative action as follows:—it establishes a state of chronic inflammation in the connective tissue, causing it to contract by degrees, and thus pressure is brought upon the vessels and the lymphatics are obliterated. These effects, and the consequent hardening of the connective tissue, he proposes to utilize in the treatment of other tumors, and he reports the cure of fatty tumors by the use of such injections, to which some ether was added to dissolve the fat.

He finds, however, the most important application of his plan in the treatment of cancer by preventing its extension to the neighboring tissues and lymphatic glands.

The tumor is first to be isolated, as it were, by causing the connective tissue on all sides of it to become shrivelled. Then the contractive connective tissue, approaching the growth itself, presses upon it, cuts off its bloody supply, and so causes it to disappear by atrophy. Lymphatic glands which are already affected are to be similarly treated.

Schwalbe, with Dr. Hasse, claims to have cured three cases of cancer of the breast in this way.

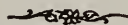


RESPIRATION.

A man's chest contains nearly two hundred cubic inches of air; but in ordinary breathing, he takes in at one time and sends out again, only about twenty cubic inches, the bulk of

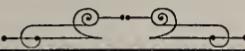
a full sized orange ; and he makes about fifteen inspirations a minute. He vitiates therefore in a minute, the sixth part of a cubic foot,—but which, mixing as it escapes with many times as much of the air around, renders unfit for respiration three or four cubic feet. The removal of this impure air, and the supply in its stead of fresh air, is accomplished thus,—the air which issues from the chest, being heated to near the temperature of the living body, (98 degrees,) and being thereby dilated, is lighter, bulk for bulk, than the surrounding air at the ordinary temperature ; it therefore rises in the atmosphere, to be diffused there, as oil set free under water rises. In both cases a heavier fluid is, in fact, pushing up and taking the place of the lighter.

This wise provision, is relieving a person at every instant from the presence of a deadly though invisible poison, and replacing it with pure vital sustenance ; and this process continues, asleep and awake, and is as perfect for the unconscious babe, as for the wisest philosopher.—*Scientific Journal*.



SCIENCE BEATEN BY A CINDER.

Last week a remarkably delicate surgical operation was performed in a manner extraordinarily singular. Last fall, as the result of a cold, an ulcer appeared on the right eye of a young gentleman of this city. The ulcer was removed, but a scar was left on the corner directly over the pupil, completely obscuring the sight. While riding in the cars last week the young man experienced the customary fortune of travellers, and for several days suffered from the evil effects of a large cinder in the eye. When the bandage was removed, much to the surprise of the patient, he found that he could see almost as well as before the growth of the ulcer. The rough edges of the cinder had removed the scar, a feat which surgeons had in vain attempted to perform.—*Cleveland Leader*.



Memorial Page



James A. Garfield.

President of the United States.

Born at Orange, Ohio, Nov. 19, 1831.

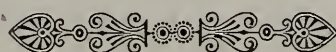
Died at Long Branch, N. J., Sept. 19, 1881.



“Vivit post funera virtus.”



WE MOURN HIS LOSS.
WE REVERE HIS MEMORY.
WE CHERISH HIS VIRTUES.



MISCELLANY.

SLEEPLESSNESS. The following method is recommended to procure sleep. Wet the end of a towel and apply it to the back of the neck, pressing it upward toward the base of the brain, folding the dry portion of the towel over it so as to prevent too rapid exhalation. The effect is prompt, and equal to that of any narcotic. Warm or cold water may be used as preferred.—*New England Medical Gazette.*

PREVENTION OF BED SORES. Dr. Purefoy of Dublin has employed partially inflated bladders with success, as a support to parts long and unduly subjected to pressure. The bladders are to be previously moistened in tepid water, afterwards oiled, and then partially inflated. He has found this means to promote the comfort of the patient, and to obviate sloughing of the integuments.

LIQUOR DRINKING. Drinkers can hardly be aware what villanous compounds they put into their stomachs. The lady who sips her wine at home, the aristocratic young man who performs his libations at the popular and fashionable resort, and the hard-fisted, poor day-laborer who cannot afford to pay first-class prices for his drinks, are all equally involved.

PHOSPHORUS. Phosphorus poisoning is said to be successfully antidoted with carbonate of magnesia in drachm doses every fifteen minutes until no phosphorus breath is observed. It combines with the phosphorus and coats the stomach with a protective against injury from free phosphorus till this is neutralized.—*Oil and Drug News.*

POSSIBLE TRUTH. There may be more truth than many persons imagine in the remark of a physician that "our public schools, our public halls, and our very homes are but death

traps in which the seeds of disease and death are carefully nurtured and sucked up by the masses with as much apparent indifference as they take a meal.”—*Budget*.


AZOTE. Dr. Seymour says in a French journal, that he uses the protoxyde of azote as an anæsthetic in the extraction of teeth, producing complete insensibility in two minutes. It is affirmed to be innocuous, and to be respired without difficulty or repulsion.

MEDICAL AGENTS. Nearly every one has been a popular remedy before being adopted or even tried by physicians, and by far the greater number were first employed in countries which were and now are in a state of scientific ignorance.—*Stille*.

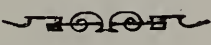
ALLOPATHIC HARMONY. Ricord says, “syphilis is one of those diseases over which mercury has the most power.” Prof. Bock in the London Lancet of Sept. 1865 says, “syphilis is certainly one of those diseases over which mercury has the least power.”

THE PULSE. “If the pulse of a healthy person when reclining in an easy chair is sixty beats per minute, it will be when he is standing sixty-six. If his pulse be eighty beats in a reclining position, it will be ninety when he is standing.”—*Dr Guy*.

ACONITE. This agent is recommended in rheumatism, gout, neuralgia, epilepsy, palsy and dropsy. Dose of the powdered leaves one or two grains; of the solid extract half a grain to a grain, and of the tincture twenty to thirty drops.—*Ex*.



MEMORANDA.

1778. Malybdic Acid was discovered by Scheele, the chemist.
“ The plague was very severe at Constantinople.
“ Dr. John Huber died in Switzerland, aged 71 years.
“ Dr. Macbride died in Scotland, aged 52 years.
“ Dr. Frank Nichols died in London, aged 79 years.
1779. Dr. John Armstrong died in Scotland, aged 70 years.
“ Dr. Thomas Cadwallader died in Phila., Pa., aged 72.
1780. Dr. John Fothergill died in England, aged 68 years.
“ Dr. Jerome D. Gaubius died in Holland, aged 76 years.
“ Dr. Joséph Leutard died in France. aged 77 years.
1781. Cavendish, chemist, discovered that water is a compound substance.
“ Lavoiser and LaPlace made public their discoveries in electricity.
“ Dr. Theodore Tronchin died in Switzerland, aged 72.
1782. Ice was artificially produced in England, by Mr. Walker.
“ Mr. Wedgewood invented the “pyrometer.”
“ Dr. John Pringle died in London, aged 75 years.
1783. Dr. William Hunter died in England, aged 65 years.
1784. Sir J. Bergmann, chemist, died in Germany, age 49.
“ Dr. Joseph Macquer died in Paris, aged 74 years.
“ Dr. Thomas Bond died in Phila., Pa., aged 72 years.
1785. Cavendish, chemist, discovered the composition of Nitric Acid.
“ Scheele, chemist, discovered Malic Acid in apples and other fruit.
1786. Dr. Sylvester Gardner died in Newport, R. I., aged 79.
“ Dr. John Jebb died in London, aged 50 years.
- 

EDITORIAL.

THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY held its annual Beach Dinner, in August, at the Great Ocean Pier, where a general good time was experienced. The first regular meeting of this Society after the recess was held last month. Dr. C. E. Miles read an interesting essay upon "Acute Spinal Meningitis" which was followed by a general discussion. Dr. Young reported a case of "Hysteria" successfully treated by lobelia injections; also a case of "Dysentery" in which the Pinus Canadensis was successful; and a case of "Cerebro-Spinal Meningitis" successfully treated with Comp. Tinct. Lobelia. Interesting discussions followed which closed a pleasant and profitable meeting.

Boston Eclectic Gynecological and Obstetrical Society.

A very interesting meeting of this Society was held Sept. 27, and a paper upon "Endo-Cervicitis" was read by Dr. H. G. Newton. The paper was somewhat elaborate in details, and was listened to with marked attention. A very instructive discussion followed in which all present took part. Cases were cited, and the treatment of the different physicians was set forth, all which added a remarkable degree of interest to the occasion. These meetings are increasing in usefulness, and are rapidly proving a valuable source of instruction.

THE UTAH REVIEW. We have received No. 1, of Vol. 1, of this publication, edited by Rev. Theophilus B. Hilton, A.M. It is devoted, among other things, to Education and Science; is published monthly at Salt Lake City, Utah, at \$2 per year.

THE MONTHLY INDEX. This publication ought to be in the hands of every professional man and student in the country. It is a complete index to the current periodical and scientific publications of the day, and is so conveniently arranged that there is no difficulty in finding subjects treated of in the various branches of science; and you are also directed to the works in which the desired subjects are published. The Index is doubtless a work of great labor, and is emphatically a "vade mecum" for the student and all who are pursuing or are interested in any branch of business. It is published at No. 10 Spruce Street, New York, at the very low price of \$1.00 a year.

Dr. Goessman has been re-elected chairman of the Association of Chemists, at Cincinnati, and his services have been secured by the Agricultural Department at Washington to superintend the experiments to be made in the manufacture of sugar.

Dr. N. R. Martin, of Saccarapa, Me., recently called on us, and says our cause in Maine is meeting with good success. He also adds that more than a hundred Eclectic physicians are needed there.

A medical club is said to have been formed for the benefit of the men employed by the Metropolitan Railroad Company, Boston, by which they are enabled to obtain medical advice and medicine for a nominal sum.

The New Hampshire Medical Society recently held its tenth semi-annual meeting. The Dental and Pharmaceutical Associations of that State, and the North Essex, (Mass.) and Maine Medical Societies were represented.

The Eclectic Medical College of New York began its regular session in that city the first Monday in October, which continues five months.

The American Surgical Association held its annual session at Coney Island, N. Y., on the 13th of September. The session continued three days.

The Indiana Eclectic Medical College commenced its regular session at Indianapolis, September 20th, to continue five months.

The American Dermatological Society held its fifth annual meeting at Newport, R I., closing September the first.

The Eclectic Medical College of Maine commences its course of lectures at Lewiston, October 25th.

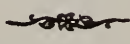
The Bennett Medical College, Chicago, Ill., commenced its annual lecture course September 23th.

The Boston University School of Medicine commenced its ninth school year, Wednesday, October 12th.

The Detroit, (Mich.) Medical College commenced its regular session September 7th.

United States physicians are not permitted to practice in Ontario.

The Illinois State Pharmaceutical Association hold their annual meeting October 18th and 19th.



OUR ADVERTISERS.

THE HOLMES FURNITURE Co., 107 Washington Street, Boston, still continue to supply the public with their Patent Reclining Chair, a splendid article for the sick or the well, and which we hear is in great demand.

THE ECLECTIC MEDICAL COLLEGE, at Lewiston, Me., opens its course of lectures on the 25th of October. By private advice we learn that the prospects for a large class are very flattering

THEODORE METCALF & Co., at 39 Tremont Street, Boston, are first-class Pharmaceutical Chemists, and their laboratory products, as well as all the medicines dispensed by them can be relied upon as of first quality.

PARKE, DAVIS & Co., of Detroit, Mich., continue the successful manufacture and sale of their medical specialties. They have introduced to the profession a large number of new remedies which have received the sanction of the first physicians in the country. Details may be found in their advertisement in this Journal.

CODMAN & SHURTLEFF, the Boston makers and importers of Surgical Instruments, *par excellence*, still continue to supply the profession with all the appliances needed in medical practice. A large and varied assortment may be found at their store, 13 and 15 Tremont Street.

THE STYLOGRAPHIC PEN COMPANY, 290 Washington Street, Boston, are still aiding physicians in *making their mark* in community. The pen they manufacture has too many advantages to be set forth in a notice, therefor we refer our readers to their advertisement in our Journal where all is explained.

DR. W. A. HUBBARD, of Billerica, Mass., advertises for a limited number of persons who are afflicted with mental

diseases, whom he proposes to take into his family, where they can enjoy medical treatment and the comforts of a home.

THE ECLECTIC MEDICAL COLLEGE, of the City of New York, opens its regular session for lectures at No. 1 Livingston Place in October, as per advertisement in this Journal. This school was organized in 1865, and has a full Board of Professors.

DR. JEROME KIDDER'S ELECTRO-MEDICAL APPARATUS, is still popular with all who are acquainted with it. He has received several medals as testimonials of the merits of his instruments, and so far as we know they are highly recommended.

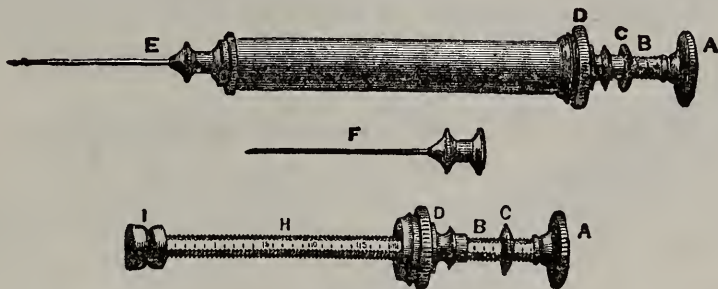
MESSRS. B. O. & G. C. WILSON, at 28 Merchants Row, keep a full line of botanic and other medicines, of superior quality; this is an old and reliable firm, well known all over the country.

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DR. L. T. J. LUBIN, No. 1 Tremont Temple, Tremont Street, Boston, still continues to relieve the sufferings of poor humanity by his excellent Trusses for every description of rupture. The Mechanic Association of this city have endorsed them by the gift of a medal and diploma, and they are also endorsed by multitudes of people who have been benefitted by their use.



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These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

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Prices; No. 1, \$3.50; No. 2, \$4.00; Postage, .03. No. 3, \$2.50; No. 4, \$3.50; Postage, .02.

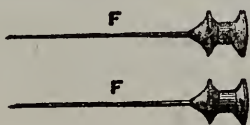


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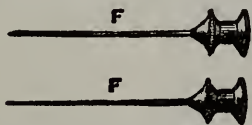
No. 9.

No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case.... \$3.00. .02.

No. 7 or No. 9, with two steel unplated needles, either 2.50. .02.

No. 10, glass, Luer's (French,) graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case 12.00 .02.

No. 11, glass cylinder, fenestrated nickel-plated metal mounting (see cut).



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No. 11.

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The Fees of Instruction (to be paid in advance) are as follows: Matriculation, \$5; for one Full Course of Lectures, \$50; Demonstrator's Ticket, \$10; Hospital Ticket, Free; Graduation Fee, \$30. A Certificate of Scholarship, entitling the holder to full Courses of Lectures till Graduation, \$150; but this does not include Matriculation, Demonstrator's, nor Graduation Fee. Certificates of Scholarship, entitling the holder to keep a Student in the College for ten years from the date, \$500; Perpetual Scholarship, \$1,000.

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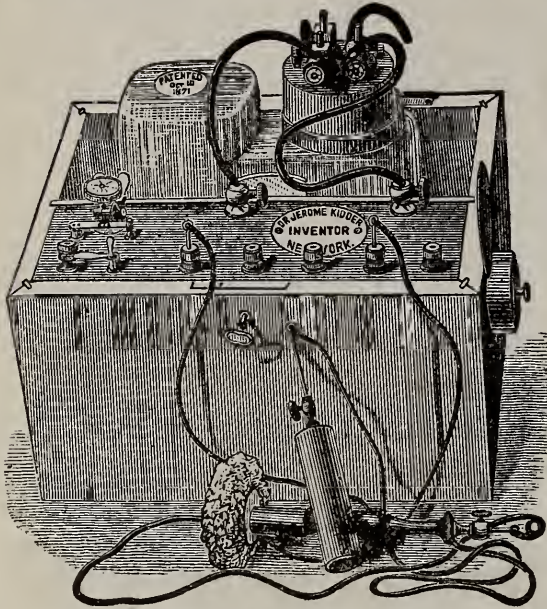
Good board may be had convenient to the College for five or six dollars a week. Students arriving in the city may call at the office of ROBERT S. NEWTON, M. D., President, 19 E. Thirty-Second Street, or at the College, No. 1 Livingston Place and East 15th Street.

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(1881—82.)

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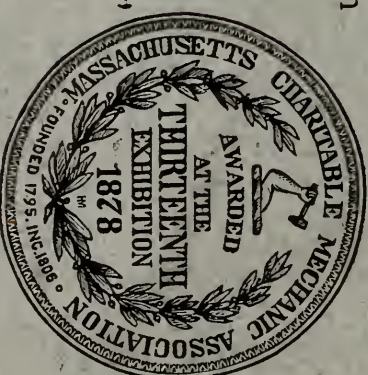
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NO. 11.

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MASSACHUSETTS
Eclectic Medical
JOURNAL.

DEVOTED TO

Medicine and General Science

EDITED BY

G. HERMANN MERKEL, M. D.

H. G. BARROWS, M. D.

(FELLOWS OF THE MASS. ECLECTIC MEDICAL SOCIETY.)

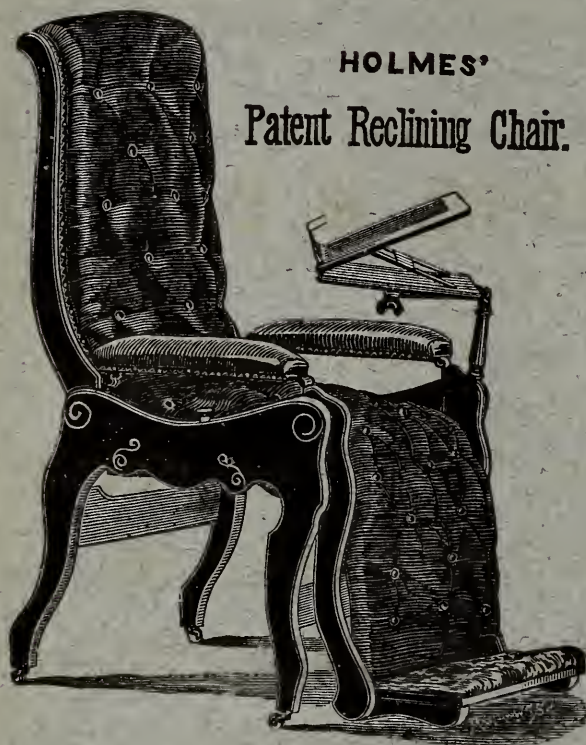
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THOMAS DOLIBER.

MASSACHUSETTS Eclectic Medical Journal.

VOL. I.

BOSTON. NOVEMBER, 1881.

No. 11.

SCARLET FEVER.

READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.

By J. P. Bills, M. D., Pocasset, Mass.

I have selected "Scarlet Fever" for my subject. It is with no egotistical feeling that I can present much that is new, for, after reading the literature devoted to this disease in regard to its origin, developement, and spread, and the effects that climate and atmosphere have upon is propagation,—and after going to the bottom of the exhaustive treatises on the disease in general, we are at last authoritatively told that the pathogenesis of "Scarlet Fever" is still a mystery. Hypotheses are useless, and "Scarlatina" is still the problematic disease of forty years ago.

Notwithstanding the high authorities from which the above statements are taken, we are inclined to accept the older theory of fermentation as being the one most likely to be correct.

Scarlet fever is one of the diseases that is commonly believed to affect the same person but once; that one attack insures perfect immunity forever afterwards. That it is also believed not to be a disease that every child from an inevitable law of necessity must have, but that under certain conditions its ravages may be restricted. We find this disease chiefly among children between one and ten years of age; the greatest predisposition to the malady from the second to the fifth and seventh years, declining rapidly after the tenth year, so that it is rarely found among adults and aged persons.

We believe it is the accepted opinion, that the disease is developed from a specific poison and that it does not exist *de novo*. Filth being one of the principle agencies by which the malady is increased, by multiplying to a vast extent, the germs of the disease, after having once made their appearance, and its intensity, I believe to be due, more to the physical condition of the persons affected, rather than to the specific properties of the poison itself.

We are led to make this assertion from a knowledge of the fact, that all children do not have this disease in families where there is more than one child; instances are common where but one of them was affected, and I think we may say the phenomenon of the others escaping (if phenomenon it may be called) was due to the maintainance of that proper equilibrium between the vital force which builds up the system, and the chemical force which causes disorganization; thereby not supplying to the blood lower and imperfectly organized forms. Locality offers no barrier to this contagion; it seems to claim its victims whether they reside on elevations, the formation of which is composed of granite, limestone, sandstone or clay, as well as those whose habitations are on the low lands, a large part of which may be called made or reclaimed land. Social position is no better protection, for while the children of the rich may be down with the disease, and the poor escape, perhaps at the next invasion of the disease, this order of things may be reversed, or perhaps the two classes may suffer alike. Again we witness the disorder assuming various types during the same invasion. Some children are so slightly affected that the attention of the family is not called to the condition of the child until desquamation has commenced; the child has been so slightly

affected it has failed to complain, and, casually remarks that its flesh is coming off in little flakes resembling snow, which is the first intimation the family have that anything is wrong; and other children at the same time who have been infested from the same source, have the disease with all its intensity and complications, to that degree, that their lives are despaired of. These are a few of the facts that we claim in proof of the assertion, that the intensity of the disease is due to the condition of the person affected. More might be said in this direction, but we will not consume time in the reiteration of facts already well known

There are three things about this disease that the physician is interested in knowing. The first, and most important of which is, to recognize the disease when he sees it; second, can he prevent its spread; and third, what is the best treatment to insure the smallest possible death rate.

This disease is usually divided into three varieties. "*Scarlatina simplex*," in which there are fever and rash, but scarcely any throat difficulty; the "*anginosa*," in which in addition to the fever and rash, the throat difficulty is the most prominent symptom; and the "*maligna*," a name given to designate cases of extreme violence that usually terminate in speedy death.

The disease is usually ushered in with a chill, lasting a variable length of time, sometimes so slight as to be hardly noticed. The fever following presents the usual symptoms—loss of appetite, increased temperature of the body, increased pulse and arrest of secretion. In a short time the eruption makes its appearance on the face and neck, and gradually extends to the entire body. The eruption consists of an infinite number of small, red points on a rose-colored base. Soreness of throat and difficulty of swallowing are sometimes observed at the commencement, though not severe.

For upwards of forty-eight hours after the eruption has appeared the fever continues as before, and in from three to five days the redness disappears and is followed by desquamation of the cuticle.

In the *Scarlatina anginosa* we have all the attendant phenomena, preceding and accompanying fever, but they are intensified to a greater degree than is witnessed in the simple form of the disease. Soon after the febrile symptoms set in,

the throat begins to feel irritable, and on examination it is found to be red and swollen. This redness becomes diffused over the interior of the mouth and tongue, and the eruption makes its appearance about in the same manner as in the simple form. The throat affection is the most prominent feature; ulceration commences by the fifth or sixth day. In some cases the ulceration takes on the phagedenic form, which is very likely to speedily terminate the life of the patient. Inflammation of the cervical lymphatics is occasionally noticed, and if not properly treated may end in suppuration; desquamation may be looked for from the fourth to sixth day; sometimes, however, it may be retarded two or three weeks.

In the malignant form we find cases in which there is marked prostration from the commencement; the chill is greatly prolonged, and the fever is slow in coming up; the body hot and the extremities cold; pulse frequent, but soft and fluent or small and wiry; usually nausea and vomiting and sometimes diarrhoea; the tongue broad and flabby, covered with a foul, dirty mucous; its movements are controlled with difficulty by the patient. The eruption is slow in making its appearance, the redness having a more or less dusky or livid look; or, after making its appearance, suddenly receding. The mucous membrane of the throat and fauces presents the same dusky appearance. As the disease progresses the symptoms are all of a typhoid character, feeble pulse and great oppression of the nervous system.

Another type of this malignant form is seen, in which the patient is overwhelmed suddenly and without any of the premonitory symptoms; is delirious or suffers such intense pain as to be unconscious of what is passing around him; the irritation of the stomach is sometimes so intense that nothing can be tolerated within it.

The intense reaction frequently exhausts the patient, and he dies before the eruption makes its appearance.

Such, however, is a brief synopsis of the description of the three varieties of this disease as laid down in the books, and with which you all are familiar. As to the diagnosis of the disease, one would suppose from the amount of literature devoted to this item, that little can be said. It has been remarked that people will have disease, but not as it is laid down in the books, and children are no exception to this rule.

Nevertheless, we as physicians are expected to know this disease when we see it. How is it to be done? Some would say, know it by the color of the rash; but there are cases in which no rash is developed. Another says, by the nausea and vomiting; suppose these are wanting, What then? Another says, by the sore throat; but sore throat also is absent many times; and in place of any of these three characteristic symptoms of the disease, unmistakable indications of measles are present, and we flatter ourselves if we only could see the *eruption*, our verdict would be, measles, and not scarlet fever. Again, there may be an intolerable itching; an examination of the skin reveals nothing, and we remember that somewhere in the past we have either read or heard about a "masked urticaria;" perhaps it may be that; and thus we go on from day to day unable to determine what the disease may be until we get most of the symptoms that plainly show us it is scarlet fever.

The question naturally arises, is there any symptom or positive sign by which we can determine early in the sickness the character of the disease we have to deal with?

We believe that there is, and it is to be found in the characteristic appearance of the tongue, which is peculiar to this disease alone. This peculiarity consists of a white, pasty coat of variable thickness, covering the tongue from base to tip; sometimes, however, it is so thin that the papillæ show through it, and as the covering leaves the tongue the dorsum presents very much the appearance of the outside surface of a strawberry; so near is this resemblance, that this tongue is called, and rightfully, the "strawberry tongue," and accompanying the above described tongue is an odor, hard to describe, but once encountered is never to be forgotten. Having determined we have a case of scarlet fever, and there are more children than one in the family. what shall we do to protect those that are as yet in good health? Belladonna in small doses is said to have answered well as a prophylaxis. But we think perfect isolation of the patient far better protection than anything else, and by perfect isolation we mean *all* the word implies. The patient should be taken to the highest room in the house, all unnecessary furniture should be removed from the room, also picture frames, brackets, woolen carpets, and any and all material not urgently needed.

Clothes used about the patient should be burned, vessels to be used by the patient should first contain a solution of carbolic acid or some other disinfectant.

The family should be rigidly prohibited from seeing the patient, except those employed in the nursing. The patient should thus be kept isolated from the first indication of the disease until desquamation is completed, and when allowed to quit quarantine, should be provided with clean linen, and the woolen clothes worn before the sickness should be disinfected before being worn again. It may be hard, perhaps, to enforce this isolation in many cases, but if properly explained and the family are intelligent enough to be made to understand that the surest and quickest way to stop the ravages of scarlet fever when it is about, is to protect those most liable to its influence; and impress on their mind that as the children advance towards adult years their chances of taking the disease are lessened, and that it is quite within the range of the probabilities for them to escape it altogether. We think if they could be made to see the matter in this light but little objection would be raised to complying with the wishes of the physician, in regard to isolation of the patient.

Treatment will as a matter of course have to be studied to meet each individual case, and our efforts are to be directed to the exemplification of one of our first principles in medicine, namely, "the maintainance of the life that is in the body rather than to the expulsion of death out of it," and to do this we must make our selection from the remedies that have a specially curative action upon the disease. The sulphite of soda in six to ten grain dose for the foul condition of the tongue. Aconite and belladonna in small doses where there are indications of congestion.. Veratrum and gelseminum where we have the full and bounding pulse, with determination of blood to the brain. Rhus and aconite where there is burning and itching of the surface. Baptisia in cases where the eruption is dusky, also in those cases in which the mucous membrane of the mouth and fauces present the same appearance. Lobelia and aconite for those cases that show the eruptions slowly or in but one portion of the body, and also for those cases in which it fades out of sight too soon.

The vapor of garden tansy is spoken of as of great benefit to those cases that present the sore throat. Chlorate Potass

is used extensively for cases of this kind, but recent investigations have resulted in the knowledge that it is an unsafe remedy to employ unless in very small doses and not frequently repeated. It is said to deprive the tubuli uriniferi of their epithelium, thereby producing desquamative nephritis as a subsequent sequelæ to the disease oftentimes worse than the original disorder. The skin will demand attention; sometimes the sponge bath, either acid or alkaline, as the tongue will determine; again the fatty inunction will perhaps give greater comfort. The patient should be kept in bed till desquamation is complete. The temperature of the room should be from 59° to 65° , drafts of air should be guarded against.

Such then is the general outline of the treatment we follow in cases that come to our hands. While our "*regular*" brother might persist in his exclusive hydro-therapeutics for all cases, and his blood letting to reduce brain symptoms; his quinine, in season and out of season, and his energetic antiphlogistics;—we think we have been taught the better way, —that is, to give no medicine unless a distinct indication for it is seen. Remedies which impair the life or materially disturb any function of life should not be used;—remedies should be given in small doses and in pleasant forms; remedies should be kind in their influence relieving the unpleasantness of disease not adding to it.



JUGLANS NIGRA IN DIPHTHERIA.

Dr. C. R. S. Curtis, of Quincy, Ill., reports in the *Boston Medical and Surgical Journal*, the results of his trials of black walnut leaves in the treatment of diphtheria. He was led to employ them by reading of Neaton's success with the leaves and bark of the European walnut as a topical applica-

tion in malignant pustule. Not having access to the European species, he substituted for it a strong decoction of the leaves of the native black walnut in a bad case of diphtheria, to be used as a gargle, and, to his agreeable surprise, with very good effect. Since then he has used the remedy in about thirty cases, many of them bad ones, and all have recovered, a result he is inclined to attribute in great part to the walnut decoction. He has used the remedy in the form of a preventive, in spray with the atomizer, as well as in a gargle. Besides the leaves, he employs the hulls of the green walnuts, which make the decoction still stronger, and he finds it not painful or especially disagreeable to his patients. The remedy is so readily accessible to most physicians, that further reports may be expected as to its utility in diphtheria and allied troubles.—*Chicago Medical Record*.—*Peoria Medical Monthly*.



THE ACTIVE PRINCIPLE OF HYDRASTIS.

At a recent meeting of the Pharmaceutical Society of Philadelphia, Dr. L. Wolff made some remarks upon an improved method of obtaining the alkaloids of *hydrastis canadensis*, which he thought worthy of notice by those making them. It consists in exhausting the root of the fatty oils by percolating with gasolin before proceeding to prepare the alkaloids; the advantage derived by this procedure is quite considerable; the purification and crystalization of the hydrastia is effected with greatly less trouble. An inquiry was made whether hydrastia had any remedial powers other than those of the tonic effects of the berberina associated with it, which was answered by a positive statement that the astringent effects and the control of unnatural discharges were due to the hydrastia, while berberina had a remedial power as a tonic and cholagogue of its own.—*Med. and Surg. Reporter*.—*Jour. Mat. Med.*

CATARRH AND DYSPEPSIA.

BY A. P. WHITTELL, M. D.

The relation of dyspepsia to catarrh is of such importance in connection with the treatment of the latter disease, that it is a matter for wonder that it has not been more prominently brought to notice in the many and lengthy treatises upon the subject. That dyspepsia is a frequent accompaniment, and often precedes a chronic naso-pharyngeal catarrh, is no new statement; but that it invariably exists and generally long ante-dates a chronic catarrh, and is the forerunner, and, to a certain extent, the cause of the presence of the catarrh, is the opinion of the writer, confirmed by oft-repeated observation in the treatment of that stubborn affection designated chronic catarrh.

The treatment, recommended by writers upon the subject, has been confined too much to the seat of disease, with a view to bringing about a modification of the affected mucous membrane by the application of astringents or caustics in a more or less dilute or concentrated form, and even to the removal of portions of the lining membrane of the nose by mechanical means. The diversity in the methods adopted have been confined to a simple difference in the destructive character of the applications used—chromic and nitric acid, the actual cautery and the serrated forceps capping the climax. Safer and more rational means of treatment have been too much ignored; the treatment of the dyspepsia, *having in view the relief of the catarrh*, has been almost overlooked.

In the mind of a patient suffering from catarrh there can be no possible connection with it and dyspepsia; and hence it is not an uncommon occurrence for him to be undergoing treatment at the hands of a specialist for the catarrhal trouble while being treated by the family physician for dyspepsia.

The usual form of dyspepsia accompanying catarrh is characterized by a somewhat enlarged tongue, bearing upon its sides the impressions of the bicuspids and first molar teeth; in color, pale or slightly bluish, the latter, especially, after a meal; near the tip, smooth, dotted here and there with small, bright, pink or red slightly raised follicles; at the base, a slight whitish fur, and a more or less deep fissure in the centre, extending half way to the tip. This is clearly the tongue of chronic, atonic dyspepsia, with more or less enlargement of the stomach and permanent thickening of its mucous lining, not unlike the thickening of the nasal and pharyngeal mucous membrane, with which it is directly continuous.

The so-called "*hygiene of catarrh*" is the hygiene of dyspepsia. The greatest benefit derived from a hygienic habit is more directly owing to the improvement of the impaired functions of the stomach than to any direct benefit to the nose and pharynx; for, above all other affections, dyspepsia demands a rigid observance of the laws of hygiene for its treatment. — *San Francisco Western Lancet.* — *Phys. and Surg. Inv.*



BREATHLESSNESS.

When the frequency of breathing does not, or can no longer keep pace with, and bear proportion to, the volume of blood circulating through the lungs, as happens in running, etc., then the sensation we call breathlessness, or "out of breath," and a feeling of engorged fulness, amounting almost to suffocation, comes on. On this account it is that the horse has eight pulmonary veins, while man has but four. As an animal of speed, it was essential that there should be no ready breathlessness, and therefore, as little pulmonary engorgement as possible; and hence the number of veins to empty the lungs of blood.—*Ex.*

AMBLYOPIA FROM DISUSE.

Dr. E. Williams, of Cincinnati, contributes this paper to the *Cincinnati Lancet and Clinic*, January, 1881. Imperfect vision, growing out of long habit of not using the eye, is what is meant by the title of his paper. Whether the functional activity of the eye is voluntarily suppressed, as in strabismus or necessitated by opacities of the transparent media, as in catarrh, the effect is mainly the same — a cessation of physiological function. Old writers were in the habit of attributing all degrees of imperfect sight connected with corneal opacities or other hindrances to vision, in which no deviation of the position of the organ was present to amblyopia from disuse. Von Graefe was the first to question the propriety of this view and to establish the fact that no optical cause of defective sight, which comes on after the very earliest years of life, and is not attended by strabismus, leads to further weakening of the visual power. The most frequent form of amblyopia from disuse is that of strabismus confined to one eye. Statistics indicate that alternating strabismus is very rare compared with mono-lateral. Every case of strabismus must be relieved as soon as possible. The advice is too often given by the family physician, not to have the deformity corrected until the child is older. The sooner it is done, the more perfect the result in relieving the deformity, and the more certain you are to save the vision of the eye from deterioration by disuse. In cataracts, either congenital or occurring in early life, if so far advanced as to require operation, the sooner the cataracts are cured the better prospect for satisfactory sight. It is just in these circumstances that amblyopia from disuse is so likely to occur. — *Virginia Medical Monthly*. — *Phys. and Surg. Inv.*

THE PRESIDENT'S DEATH.

J. M. HOLE, M. D., SALEM, O.

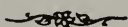
A week or more having passed after the death of our loved President, what did we find in the "medical world?" Not only the great mass of the so-called "regular" physicians backing up the treatment of his case, but Drs. Bliss, Hamilton and Agnew are endorsed by the Fellows of the American Academy of Medicine. Why such remarkable haste on the part of these gentlemen to get such endorsement? The passage of that "resolution," to our mind, is, and ought to be, very unfortunate for the attending physicians, because it looks too much like an attempt to forestall public opinion, and prevent investigation. What do the members of the "Academy of Medicine" know about the case more than anybody else? Indeed, it might be pertinent to ask what did anybody know about the case until after such knowledge could be of any service to the distinguished patient. The whole case was conducted on presumptions, not actual knowledge. Who, that read the daily bulletins, does not know that we are uttering a fact: hence we will not at this time review the case, only to say, when the President was strong, suffering from nothing but the bullet, or gun-shot wound, and able, with his giant will and sound physique, to endure any reasonable amount of cutting, Dr. Bliss pronounced him "dying — sinking rapidly."

When he was really dying, reduced from 210 avoirdupoise, to perhaps less than 130 pounds, and beyond the reach of human skill, Dr. Bliss pronounced him on the high road to recovery, and very near convalescing; and all this while Drs. Agnew and Hamilton, by their silence, and allowing their names to the bulletins, acquiescing in what Dr. Bliss said.

When the autopsy was had, even the bullet was not located within many inches of where those very eminent guessers

had claimed for it: and an "Academy of Medicine," probably prompted by some cause, to us unknown, (yet we might guess as near as those gentlemen did as to their case) publish to the world that all seems to have been done for the illustrious patient "that scientific knowledge and practical skill could suggest."

We opine that all well-informed medical men, were it not for the gravity of the case, will smile when they read those "resolutions," and even all men who have just a little good common sense, and have read the official bulletins, and the report of the autopsy made by the physicians themselves, must regard the "resolutions" as the most superlative nonsense, and professional courtesy as practiced by that class of physicians, as the grandest of professional charlatanism and humbuggery.



CHEWING GUM.

The following article, which first appeared in the secular press, is of so great importance that it deserves a repetition here. The habit of chewing gum, trifling as the subject may appear, is nevertheless of importance. It is of importance to have sound teeth in the middle of life, and in old age, and to that end proper precautions must be used in childhood.


The habit of chewing gum is like applying small air pumps to the bases of the teeth. When the gum is separated from the tooth, it forms a vacuum between itself and the tooth, and the consequence is a violent strain on the dental nerves. The bad results may not show themselves immediately, but the boy or girl who indulges in the habit may calculate on having decayed teeth when in the prime of life. Nor is this all. The habit, like tobacco chewing, induces an unnatural flow of the humors towards the mouth, where it must be ejected as saliva. This is bad enough when it *can* be ejected, but when, from sickness or other causes, the habit must be discontinued, the result may be, and no doubt has been, fatal.

A CASE IN PRACTICE.

BY F. L. GERALD, M. D., HYDE PARK.

About 12 o'clock, August 22, 1881, I was called in haste to attend Julia McDonough, aged 14 years. While at work in Glover & Willcomb's curled hair factory, she fell from a stool on to a stationary knife, which is very sharp and pointed. She was carried in a carriage about a mile to her home. I arrived a few minutes after, and found her clothing soaked through with blood, and a wound through the abdominal walls, commencing opposite the umbilicus, about an inch to the left of the median line, and extending downward three and a half inches. Through this wound protruded a double handful of small intestines. Some of the friends of the family wished that Dr. J. P. Maynard, of Dedham, could be present to assist in dressing the wound. I at once sent a messenger for him. I then returned to my office for instruments and ether. In half an hour I returned to the patient, accompanied by Dr. E. B. Pendleton, who skilfully gave the ether. In the meantime, Dr. Maynard arrived. The patient was at once put fully under the influence of ether. I carefully returned the intestines into the abdomen, and put in five sutures; at the same time Dr. Maynard removed all blood from the wound by pressing a soft napkin into the incision. We placed a compress of old cotton cloth over the wound and applied a binder to the same, as in a case after confinement. I wrote a prescription for a lotion as follows: *R* Tinct. Opi, Acid Carbolic dil., Alcohol, aa, two ounces, Aqua, ten ounces; mix. This lotion was used freely for the first week. The compress was kept constantly wet. I put into half a glass of cold water, thirty drops of tinct. of veratrum viride, and directed that a teaspoonful should be given every hour when the patient was awake. For two or three days previous to the ac-

cident the patient had been having a little diarrhoea, which I think was in her favor, as her intestines were not filled with solid material. At 7, p.m., I again saw the patient, and found her as follows: pulse 100, temperature 101, no pain. I prescribed Diaphoretic Powder, half a drachm, Sulphate Morphia, half a gr., mix, and divide into charts No. VI.; dose, one powder every three or four hours, if in much pain. Aug. 23, 8, a.m., pulse 110, temperature 101; she slept well through the night by taking one powder; patient took milk freely and some cold water. 7, p.m.,—pulse 100, temperature 100. Aug. 24, 8, a.m.,—slept well through the night without resting powder; some tenderness over the abdomen; not much tympanitis; pulse 90, temperature 99 1-2; 8, p.m., same as in the morning. Aug. 25, 8, a.m.,—slept well without powder; pulse 90, temperature 99; 8, p.m., about the same as in the morning. Aug. 26, 8, a.m.,—slept well without powder; pulse 80, temperature 99; not much tympanitis, some tenderness. Aug. 27, 8, a.m.,—pulse 70, temperature normal. Aug. 28, 10, a.m.,—pulse 110, temperature 99 1-2. Aug. 29,—pulse 90, temperature 99. Aug. 30,—pulse 76, temperature normal, not much tenderness or tympanitis; wound nearly healed. Aug. 31,—pulse 76, temperature normal; patient's bowels moved, causing some pain; gave tablespoonful of olive oil every day. Sept. 1,—pulse 76, temperature 98. Sept. 2,—pulse 80, temperature 99. Sept. 3,—pulse 88, temperature 99. Sept. 4,—pulse 70, temperature normal. From Sept. 1st, her bowels moved about every day without causing much pain. She continued taking milk freely up to Sept. 8th, as she was afraid to take anything else. Sept. 4th the sutures were removed and the wound dressed with the following ointment: *R* Cosmoline, two ounces; Subnitrate Bismuth, four drachms; apply morning and night. At this date, Sept. 26th, the patient is about the house and streets as usual.




POISON MUSHROOMS.

Mr. J. A. Palmer states in the *Moniteur Scientifique*, that there are three different ways in which mushrooms may act as a poison. First, they may produce the effects of indigestible matter, as when the hard coriaceous species is eaten; and even the edible mushroom may cause a similar result, for when it is decomposing, it gives off sulphureted hydrogen gas in quantity sufficient to induce vomiting. Second, mushrooms may be gelatinous or acid. Third, a subtle alkaloid, without smell or taste, is contained in some mushrooms, as, for instance, in the group of amanitæ, and is called *amanitin*. No antidote has yet been discovered for this poison, and to it most of the cases of death following the eating of mushrooms is due. It is at first slow in its action, but after the lapse of eight to fifteen hours, the patient experiences stupefaction, nausea and diarrhœa. Delirium follows, and then death. Mushrooms containing amanitin will impart poisonous properties to wholesome varieties, if both happen to be placed in the same vessel. The poison can be absorbed by the pores of the skin. Mr. Palmer carried in his hand some amanitæ wrapped up in a paper, and, notwithstanding the protection which the wrapper should have afforded, he was seized with alarming symptoms. (The remedies used for poisoning by eating mushrooms, are free vomiting, warm drinks, cathartics, epsom salts preferable, stimulating enema, and tannin.—*Ed.*)

WARMTH AND ENERGY.

The *London Lancet* has an excellent article touching these points, in which it sets forth that in ancient times, energy of mind and strength of body were supposed to be the effects of warmth, while depression of spirits and bodily weakness were ascribed to cold. Modern science has explained and modified these theories concerning the production of physical and psychical force, but in the main it has confirmed the principle of causation. In a general sense, it may be said that animal heat, when duly generated within normal limits, is the concomitant of vigor. Practically, therefore, warmth is to be sought and cold avoided, but with this qualification, that the heat must be elicited by organic processes going on within the body, and not borrowed from without. The chief, if not the only use of wraps and warm surroundings is, to avoid the loss of animal heat by abstraction. It is neither scientific nor hygienic in any true sense, to trust to external sources of supply for the warmth we require to live well, happily and usefully. The food is more than raiment, and those who desire to help the poor and melancholy over their "dead points" in the course of life should be chiefly anxious to feed them well and sufficiently. So in the management of self, to live well is to feed appropriately. Stimulants do not give strength, because they cannot add to the normal and healthy sources of animal heat. Nutriment is the only true fuel.



CHOLERA INFANTUM.

To give even an outline for the best mode of treating the various conditions and symptoms usually classed under this heading, would require many pages of this journal, therefore only a few suggestions for controlling the more severe symptoms will here be given. First, the vomiting which often becomes persistent, especially if the nerves and membranes of the stomach are rendered highly irritable from the presence of stomach acids and gases. An antacid and antiseptic will be found useful. Sulphite or bicarbonate of soda in solution and given at short intervals will usually answer; these corrected, next place the little stomach in condition to receive and appropriate proper food. Small doses of ext. nucis vomica triturated with pure pepsin, or sub. nit. of bismuth or lactopeptine. A few doses of one of these triturations should be administered to the child before food is allowed to enter the stomach and bowels; if the child is under twenty months old, milk whey, or milk and the albumen of an egg well beaten together, will be borne well. If the child is from eighteen to thirty months old, a little raw beef pulp, well grated, may be added to the above list of "allowable diet." I like to be explicit in regard to dieting these little patients, for many of the cases of so-called "cholera infantum" occur in children which are artificially fed from the beginning, or else those that have ceased to draw nutrition from nature's "maternal fount," and hence proper feeding and quick and thorough digestion are essential to speedy recovery. Food must be administered regularly at intervals of three to four hours, according to the age of the child. Half an hour after food is taken, the bisulphite of quinia in doses of gr. ss to grs. ii can be given with marked benefit during the early stage, this will prevent the usual pyrexia, and retain the temperature, at or near the normal standard, and will also serve us a good purpose as a local antiseptic, until the food has passed through

the various stages of digestion. Salicylate of soda, and salicine are used instead of the bisulphite of quinia in cases of a sanguine or nervous temperament. Opiates and depressing special sedatives should be banished from modern treatment of these little cholera patients. By the frequent purging, nature is trying to free the little patient's ailmentary track of the indigestible and fermenting mass. Opiates to paralyze peristalsis and retain the putrescent mass within the body will invariably be attended with high temperature and frequent so-called "brain symptoms." One doctor writes to know why he cannot control the fever with "aconite and veratrum." The answer is that the cause of the pyrexia is constantly operating throughout the entire ailmentary track, and we can only succeed by systematically removing the irritating and fermenting cause, and by giving careful attention to the hygienic rules which are more requisite in these cases than actual medication—*Chicago Medical Times*.

ONIONS.

Says the Scientific American,—from our own experience, and the observation of others, we can fully indorse the testimony of the St. Louis *Miller*, on the healthful properties of the above esculent. Lung and liver complaints are certainly benefitted, often cured, by a free consumption of onions, either cooked or raw. Colds yield to them like magic. Don't be afraid of them. Taken at night all offense will be wanting by morning, and the good effects will amply compensate for the trifling annoyance. Taken regularly they greatly promote the health of the lungs and the digestive organs. An extract made by boiling down the juice of onions to a syrup, and taken as a medicine, answers the purpose very well, but fried, roasted, or boiled onions are better. Onions are a very cheap medicine, within everybody's reach, and they are not by any means as "bad to take" as the costly nostrums a neglect of their use may necessitate.

CONSUMPTION.

In summing up the arguments of an interesting article upon this disease, Rollin R. Gregg, M.D., of Buffalo, N. Y. says,—“The first departure from health in consumption is marked by a waste of albumen, always from the blood, and the increase in severity of any and all symptoms of the disease is marked by an increasing waste of albumen; the watery condition of the blood is solely due to such waste, and the blood becomes more watery as the waste becomes greater, because of the increasing relative excess of water left in the blood-vessels by it; this excess of water causes the night sweats and dropsy, which get worse as the loss of albumen increases; the blood corpuscles left in excess are decolorized by circulating in the too watery serum and become the so-called tuberculous corpuscles, which also increase in numbers as said loss progresses; the excess of fatty matters causes the fatty livers, etc.; the excess of fibrin causes the adhesions of the pleura, which become more and more extended as the cause of all advances; the same general fact holds in regard to the excess of salts producing their characteristic troubles which increase with all else; and finally, the characteristic emaciation of consumption keeps exact pace with the waste of albumen; when this progresses slowly that progresses slowly, when this goes on rapidly that goes on rapidly, for the simple reason that the muscles are being robbed of a portion of their only food, and must shrivel in the exact ratio that that is taken from them.”

Can this theory be successfully controverted?—*Ed.*

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Recent Introductions to the Materia Medica,

—BY—

PARKE, DAVIS & CO.,

Manufacturing Chemists, DETROIT, MICH.

CHEKEN.

(*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an **INHALATION** in diphtheria, laryngitis, bronchitis, bronchorrhoea, etc.; as an **INJECTION** in gonorrhoea, leucorrhoea, cystitis, etc.; and **INTERNALLY** as an aid to digestion, to allay cough, to facilitate expectoration and to stimulate the kidneys. It is also an astringent and is said to be of great value in hæmoptysis.

Cheken, (known also as Chekan and Chequen.) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **CHRONIC BRONCHITIS** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA.

("MOUNTAIN SAGE.") *Artemisia Frigida.*
Fluid extract of

the herb. Dose one to two fluid drachms. **DIAPHORETIC AND DIURETIC.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use, the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA.

(**ALLIGATOR PEAR.**) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of the country.

It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who, while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **INTERCOSTAL NEURALGIA**. The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I cannot but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA.

(**ERYTHROXYLON COCA.**) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **THE OPIUM AND ALCOHOL HABITS**. In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

WE PREPARE FLUID EXTRACTS OF ALL OF THE ABOVE DRUGS.

Parke, Davis & Co.,

MANUFACTURING CHEMISTS,

DETROIT,

-

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MICH.

Soluble Elastic Filled Capsules.

We desire to secure the attention of medical practitioners to the Soluble Elastic Filled Capsules of our recent introduction into this country. These Capsules are so different both in appearance and quality, from any heretofore placed on the American market that we especially request that opinion regarding them may not be prejudiced by previous knowledge of a similar class of goods.

Our Capsules are manufactured after a method not previously employed in this country, workmen and apparatus having been especially imported from Germany for the purpose. Our claims of superiority for them are based on the following qualities:

1. Their Transparency. They are made of the finest quality of white gelatine and are perfectly transparent, permitting a full inspection of their contents. This property is calculated to prevent the sophistication possible under the use of opaque gelatine.

2. Their Elasticity and Lubricity. These properties remove from the capsules, as completely as possible, everything which prevents their easy deglutition. They may be easily moulded between the finger and thumb, and when held for a moment in the mouth the action of the saliva on the gelatine covers them with a mucilaginous coating which greatly facilitates their swallowing.

3. The Quality of their Contents. They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.

4. Solubility. The solubility of these Capsules may be determined by the simplest test. Allowed to lie loosely in the mouth the contents escape in from two to three minutes, and there is not the remotest possibility of the capsules passing intact with the feces, as is sometimes the case with the ordinary filled capsules.

5. Their Sizes. Heretofore the filled capsules offered the profession of this country have not contained more than ten minims of the liquid. We have in our list capsules containing all the way from ten minims to half an ounce. The larger capsules are designed more particularly for the administration of cod liver and castor oils. Notwithstanding their size, they are, owing to their elasticity and lubricity, swallowed as readily as an oyster. The advantages of such capsules are too obvious to require enumeration.

These Capsules are put up in a style in keeping with their elegance, in boxes containing one, two and three dozen.

The following few formulae selected from the list will convey an idea of the class of ingredients with which these capsules are filled:

Castor Oil,

10 minims.

Castor Oil and Podophyllin,

Castor Oil, 10 minims.
Podophyllin, $\frac{1}{2}$ grain.

Cod Liver Oil, Best Norwegian,

10 minims.

Cod Liver Oil and Creosote, (2grs.)

Cod Liver Oil, 10 minims.
Creosote, 2 grains.

Cod Liver Oil and Iodoform,

Cod Liver Oil, 10 minims.
Iodoform, 2 grains.

Cod Liver Oil and Phosphorus, (1-60.)

Cod Liver Oil, 10 minims.
Phosphorus, 1-60 grain.

Crude Petroleum Mass,

10 minims.

Cod Liver Oil and Creosote, (4 grs.)

Cod Liver Oil, 10 minims.
Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron,

Cod Liver Oil, 10 minims.
Iodide of Iron, $\frac{1}{2}$ grain.

Cod Liver Oil and Iodine,

Cod Liver Oil, 10 minims.
Iodine, $\frac{1}{2}$ grain.

Cod Liver Oil and Phosphorus, (1-30)

Cod Liver Oil, 10 minims.
Phosphorus, 1-30 grain.

Phosphorated Oil, Compound,

Phosphorated Oil, (1-60 gr.) 10 m.
Extract Nux Vomica, $\frac{1}{4}$ grain.

Phosphorated Oil, (1-50 gr.)

1-50 gr. Phosphorus in 10 m. of Oil.

Cod Liver Oil,

5 grams.

Cod Liver Oil,

15 grams.

Copaiba, Cubebs and Sandalwood Oil,

Copaiba, best Para, 6 minims.
Essential Oil of Cubebs, 2 minims.
Sandalwood Oil, East India, 2 minims.

Copaiba, Cubebs and Buchu,

Copaiba, best Para, 6 minims.
Ethereal Extract Cubebs, 2 minims.
Extract Buchu, 2 minims.

Copaiba, Cubebs and Rhatany,

Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims.
Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 gtt.,

With Sweet Almond Oil, q. s. ad 10 m.

Oil of Male Fern and Kameela,

Oil of Male Fern, 9 minims.
Kameela, 5 grains.

Castor Oil,

5 grams.

Castor Oil,

15 grams.

Send for special descriptive circular "Filled Elastic Gelatine Capsules."

PARKE, DAVIS & CO,

Manufacturing Chemists,

DETROIT, MICHIGAN.

THE MIND IN ECLIPSE.

At a meeting of the Medico-Legal Society, New York, Dr. George M. Beard read a paper on "The Problems of Insanity," in which he said:—It is a paradox of astronomy that the sun may best be studied during an eclipse; and in psychology the mind may be studied best when it is eclipsed.

Insanity is a disease of degrees; there is no plain dividing line between sanity and insanity. Insanity may be divided into two kinds—intellectual insanity, embracing forms in which there are delusions, and emotional insanity, in which there are no delusions. Insanity is a barometer of civilization, and as we advance higher in the arts and sciences so will insanity become more prevalent among us. Intense application, brain work, and indoor life are the agencies which most frequently bring it about. With savages and barbarians there is little or none of it. The intellectual activity of the women of today is another great cause of insanity. What the mother is, so will the child be in an intenser degree.

Insanity is increasing most perceptibly in Europe and America among the poorer classes. Civilization grinds hardest on the poor, shutting them up in close houses, with bad air and poor food, and compelling them to struggle for existence. The brain cannot always bear up under the strain, for they have few recreations and amusements which can be indulged in for the relaxation of their minds.

A diagnosis in cases of insanity is most difficult. The physician must know the subject psychologically; know he thinks, what he thinks, and all about his general disposition, passions, etc.

The probabilities of cure in the case of insane persons depend greatly upon the advancement of the disease when the treatment is begun. It is better if the patient can be treated out of the asylum, and if he is not confined or isolated

altogether from the world, narcotics and stupefying remedies should not be used when their use can be avoided.

Until a comparatively short time our inventions have tended to an increase rather than to a decrease of insanity. Of late however, the inventions have been in the opposite direction, tending to give us more ease and rest, as for example, the telephone, elevated railroad, and the electric light. If the latter is perfected, it may also enable us to breathe a purer air. An improved system of education, with less 'cramming," would tend to reduce the increase of insanity. The eclipse of the mind cannot be predicted like the eclipse of the sun, but with study, men may learn to detect it in its first stages, and, if treated early, it need rarely become serious.



ATROPINE IN CATARACT.

At a meeting of the Societe de Biologie in Paris, (*L'Union Medicale*, 1880,) M. Javal said that atropine might be useful at the outset of cataract before the necessity for operation was indicated. If it were employed, note must be taken of two conditions. If the opacities be central and well limited, the dilatation of the pupil allowing the entrance of a large amount of light into the eye will produce a marked improvement of vision. As regards the state of the refractive power of the media, atropine, besides dilating the pupil, brings on paralysis of accommodation. The patient will not benefit by the first of these effects, unless the inconveniences of the latter be compensated by the help of correcting glasses, which should be most carefully chosen. By combining the use of these two expedients—atropine and spectacles—a large portion of the visual difficulties depending on cataract may be diminished.

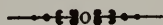
MILK AS A CAUSE OF TUBERCULOUS DISEASES.

Mr. Fleming, veterinary surgeon to the Royal Engineers, has insisted upon the urgent necessity that exists for preventing the consumption of the milk and flesh of diseased cattle. In a paper recently read by him at Norwich, England, he has adduced further proof of the extreme danger to the public from this source, and these proofs are certainly startling and worthy of notice. We learn that tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities going so far as to assert that five per centum are affected. As dairy cows are never inspected as to their state of health, as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily infected by feeding with tuberculous milk, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. It is somewhat strange that though the note of warning was sounded so frequently and so long ago, it should not have excited attention. It is not too late now to adopt precautions. If what is reported be correct, it is high time that the sanitary condition of milk and flesh producing animals was ascertained. At present there is ample scope for free trade in these disease and death dealing articles of food. What with private slaughter-houses and unvisited dairies, there is no check whatever.—*Sanitarian*

TREATMENT OF TYPHOID FEVER.

The following is the language of Dr. John Syer Bristowe, the senior physician to St. Thomas's, London; (the Cincinnati *Lancet and Clinic, News and Abstract*):

"Let me state briefly the treatment to which I should like to be subjected, if ever, unfortunately, I should become affected with enteric fever: I should like to be placed in a cool, well-ventilated room, and covered lightly with bed-clothes; to have a skillful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicines calculated to allay the vomiting. If diarrhoea became troublesome, or ever there was much pain or tenderness in the cæcal region and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or by the rectum. If constipation were present, I should, except in the first week, like to have enemata only employed for its relief. In the event of intestinal hemorrhage coming on, I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am sceptical as to their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place, let me have large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence, I should like to have them in moderation. As to cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also to him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I would prefer not to be treated at a temperance hospital."—*Chicago Medical Times*.



ERYSIPELAS.

This disease is not uncommon, and while some cases yield kindly to medical treatment, others will assume a grave form in spite of our best efforts to check their advance.

Among the *causes* from which this disease proceeds may be named,—peculiarity of temperament; sudden transition from heat to cold; whatever overheats the blood, as violent exercise, abuse of spirituous liquors, etc.; the sudden stoppage of any natural, or long continued discharge; a plethoric habit; and finally predisposition.

These causes are grouped together, as our remarks are only to be general, without special classification.

Some have been of the opinion that erysipelas is contagious; we do not share in this opinion, and we think it does not prevail among medical men.

The *symptoms* of this disease seem to take a pretty wide range, and among the principal ones may be mentioned,—rigor, and other peculiarities of fever,—confusion of mind,—sometimes delirium,—not unfrequently nausea and vomiting,—the pulse quick and hard, strong or small, as the fever may become inflammatory. On the second or third day, or even later, the skin of the affected part presents an inflamed condition. After a brief space an efflorescence appears of a florid color. Though generally the space is small at first, it gradually spreads over a large surface. The heat of the part may sometimes be felt at a little distance.

When the face is the seat of attack, the hairy scalp is oftentimes affected. Swelling occurs, sometimes sufficient to close the eyes. The efflorescence ends after a time, in small watery vesicles, or in desquamation of the cuticle. Although at this stage of the disease we might reasonably look for a remission of the fever, yet it does not always remit.

The parts usually attacked are the face, arms and legs. The duration of the disease is uncertain, but it has been generally been set at from ten to fourteen days.

Sometimes we can prognosticate the result. When the fever is purely inflammatory, and when the eruption is of a bright scarlet or red color, and does not extend over a large surface, and when the fever and coma diminish upon the appearance of the efflorescence, and the efflorescence soon after assuming a yellowish color, with an abatement of the swelling, we think the prognosis is favorable. When the fever assumes the typhoid form, and is protracted, with increase of coma and delirium; when the inflammation becomes of a dark red color, or when it suddenly recedes from the surface and attacks an internal part; or when it extends over a large surface without leaving the part originally attacked, and the vesications become livid; when the pulse is weak, rapid and irregular, and there is great prostration; or when the coma comes on early in the disease, and the patient is originally of a weak and delicate constitution, the prognosis must be unfavorable.

As to the *treatment*, there will be found the usual diversity of opinion prevailing that there is in the treatment of other diseases. The remedies which have been found to be of service in erysipelas will be presented, but without any order being observed. Free evacuation of the bowels,—warm poultices,—evaporating lotions to the surface,—chalk, starch or flour dusted upon the surface,—quinine,—nitrate of silver,—solution of the sulphate of iron,—warm fomentations medicated with poppy or hemlock. It should be remembered that the vitality of the part in which erysipelas occurs is always lowered.

The above named constitute some of the principal remedies used in the treatment of this disease, and there are doubtless others which have proved useful in the hands of other physicians.

We would add in conclusion that Norwood's Tincture of Veratrum is a splendid external application, and is used freely applied upon cloth, and in our experience has worked like a charm.

B.



CHLORAL HYDRATE IN LABOR.

A desirable agent in obstetric practice is one that is safe. blunts sensibility, increases uterine contractions and shortens labor. We have such in chloral. For the teasing, grinding pains which many women, especially if of a delicate, nervous organization, suffer in the first stage of labor, I have been in the habit, for the last few years, of giving chloral with the happiest results. It relieves the pain and gives rest without interfering with the progress of the labor. Opium given in the same class of cases will give relief, but while under its influence no progress is made. It is also an invaluable agent in rigidity of the os. Cases have come under my observation of women in labor for hours without making but little progress, who, after taking a few doses of chloral, the parts begin to soften, the os to dilate rapidly, and labor brought to a speedy termination. So efficient and safe has chloral been in my hands that I do not think of attending a case of obstetrics without it. I give it in all stages of labor, and in sufficient doses to control pain. I generally carry a saturated solution, of which a drop represents a grain. For the first dose I give twenty drops or grains, well diluted, followed afterward by ten drop doses, repeated every half hour, or as often as to maintain the desired effect. Usually it is not necessary to give more than a drachm during the whole labor. If the drug produces nausea by the stomach it may be given by the rectum, either by enema or suppository. For an enema there is no combination better than Griffith's formula. The required quantity of the drug is mixed with a raw egg, thoroughly beaten, to which a little warm milk is added. This acts rapidly and produces no irritation. If a suppository is preferred the required quantity can be added to equal parts of wax and cocoa-butter. Let no one condemn it without a thorough trial.—*California E. M. Journal*.—*Georgia Eclectic Medical Journal*.

OBJECTIVE POINTS IN THE TREATMENT OF PHTHISIS.

Dr. Wm. Porter, of St. Louis, read a very interesting paper on this subject before the Tri-States Medical Society, at its last meeting. The following is a brief abstract (*Medical Herald*). The author tries to answer the questions: "*Why* do we treat phthisis?" and "*How* shall we treat it?" To the first he answers: "Because it is not self-limited," repeating a careful review of Dr. Flint's paper (asserting the self-limitation of the disease) which seems to be quite conclusive, and "Because it often responds favorably to treatment." In this latter relation, he quotes from the British Registrar General's reports figures which show that a reduction of more than 5 per cent. in the mortality from phthisis occurred in Great Britain within twenty years after the introduction of cod-liver oil, and adds, "that in no disease is careful watching and judicious treatment more amply repaid than in phthisis."

As to *how* to treat this affection, he offers nothing new or startling. He insists upon a careful and thorough physical examination of the patient at the start. This, he contends, is too often neglected. Care, rather than skill, he states, is necessary in the discovery as well as the treatment of phthisis.

"As phthisis is pre-eminently a wasting disease, the main defense must be in increasing the power of resistance to waste." He speaks well of cod-liver oil, or, "better still, the well known malt preparations, especially the excellent combination of maltine with peptones." As to the clothing, he says, "thin living insures thick dying." "Thick woolen underclothing in winter, frequently changed," he believes a necessity in the treatment of tuberculosis. "If the disease is not active nor the patient too weak, the cutaneous function will be stimulated, as also, perhaps, the nervous system, by a quick shower bath in summer, and frequent sponging in winter; the fitness

of this procedure to be determined by the amount of re-action afterward." For the exhausting night sweats, he recommends a few grains of Dover's powder, or one of the mineral acids—especially the nitro-muriatic. He has seen little good result from atropia.

He concludes: "It is not over-medication that is needed, nor is it a dependence upon the intrinsic tendency of the disease to recovery that stamps successful practice. Rather is it careful but decided aid to nutrition, attention to the protection of the body, proper use of complete rest and gentle exercise, each in its place, and promptly meeting all waste that will avail most. * * * * * It is by treatment, hygienic and therapeutic, that phthisis is to be limited.—*Chicago Medical Times.*



PATHOLOGY OF MUMPS.



According to Bouchut, mumps, which have been considered as an inflammation of the parotid gland in adults, or a somewhat similar affection in children, really arise from a retention of saliva, caused by a catarrhal inflammation of the parotid duct. Under the influence of this catarrh of the excretory canal a temporary obstruction is caused, which retains the saliva. In healthy children this disease is not a serious one, as suppuration does not take place. On the other hand, however, where suppuration does occur, death often results. The only way of averting this, according to the author, consists in making numerous small incisions in the substance of the parotid, before the pus, which is infiltrated into its substance, has time to collect.

NARCOTISM FROM NUTMEGS.

The fact that nutmegs have strong narcotic properties has long been known, but they are in such common use as a favorite condiment used in small quantities that their dangerous nature when taken in large quantities is apt to be overlooked and forgotten, even by those who are aware of their tendency.

A physician reports a case where a lady patient was induced by her nurse to take nutmeg tea, made of one and a half nutmegs, the whole of which decoction the lady drank during the day. About ten o'clock at night she began to get drowsy, and by four o'clock the next morning she was in a profound stupor. At ten o'clock the next morning the narcotic effects of the nutmeg began to wear off, and by four o'clock in the afternoon she had pretty well recovered. The symptoms were about the same as those produced by opium, and the remedies given were the same.

Nutmeg in the quantity of two or three drachms has been known to produce both stupor and delirium; and dangerous and fatal consequences are said to have followed its free use in India. Mace, which is the outside covering of the nutmeg, possesses essentially the same properties.—*Scientific Journal*.

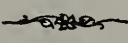
A few years ago we had a case the symptoms of which were very similar to those above stated. The lady had nibbled and chewed up, in a short space of time, an entire large sized nut. When called to her she was in a semi-comatose condition, but perfectly conscious when aroused. Having never heard or read of such a case before, we were poorly prepared to tackle this; but we proceeded in what we supposed to be at the time the most rational way, and administered an active emetic. When the effects of this had ceased, we found the patient was very nervous. We then exhibited small but repeated doses of Fluid extract of Valerian, and by the evening of the next day the patient had fully recovered from the effects of the nutmeg.—*Editor*.

PULSATILLA IN UTERINE AFFECTIONS.

The following is transcribed from the article on pulsatilla in *Wood's Library*, for 1879 :

Pulsatilla exerts a peculiar action on the uterus. In functional amenorrhœa with absence of catamenia, or if the catamenia be absent or delayed, or even in suppression induced by fright or chill, pulsatilla is often of the greatest value in establishing the flow at the proper time and in its normal quantity. It is also of much benefit in functional dysmenorrhœa, where the discharge is scanty or even when profuse but blackish and clotted. Even though at the first period this medicine should fail to restore the menstrual flow to its normal standard, by persevering in the use of it for two months or more the desired effect is almost certain to be produced.

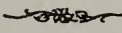
Leucorrhœal discharges attended by pains in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement, more or less extensive, of the nervous system, are also relieved by a steady course of pulsatilla taken internally in five drop doses, three times a day and continued for a few weeks. A teaspoonful of the tincture should also be put into a pint of cold or tepid water, and be used as an enema for the vagina every day.—*Therap. Gazette.—Phys. and Surg. Inv.*



CARBONIC ACID IN ATMOSPHERIC AIR.

In a paper by Truchot upon the proportion of carbonic acid existing in atmospheric air, and its variation with altitude, it is stated, first, that the proportion is a little greater during the night than the day, amounting to about four volumes in the ten thousand by day, and four and three tenths by night, according to one determination, and to a little less by another; second, that the proportion of carbonic acid is not decidedly greater in the city than in the country, away from the direct influence of vegetation; third, that in the vicinity of plants with green leaves in continual vegetation the proportion of carbonic acid varies notably, whether the green portion is illumined by the sun, or is in the shade, or entirely in obscurity.

In reference to variation with altitude, it is found that the proportion diminishes quite rapidly as we ascend in the atmosphere, a fact not at all remarkable when we reflect that it is at the surface of the earth that carbonic acid is produced, and that it is sensibly heavier than the air itself. The diffusion of the two gases, however, carries the carbonic acid to a considerable elevation, but this is not sufficient to saturate the air at a very great height.—*Record of Science.*



CAUSE OF "WINTER" HEADACHES.

The approach of the winter season, will, with a great number of people, be inaugural of a recurrent headache, for which they are unable to account at all satisfactorily, but which experience has taught them to expect as surely as fires and "snugness" are rendered necessary to personal comfort. It would be well if all such sufferers were to understand the rationale of the complaint that periodically attacks them, and be wise in time to ward off the return of their old malady. In every case where the headache is not dependent on some organic disturbance, and when it is felt only during colder months of the year, especially in large towns, it is undoubtedly due to the vitiated atmosphere of rooms lighted by gas, and rendered "snug" by close-drawn curtains and draught-excluding doors, while a brilliant fire is maintained for heating purposes. This latter is, indeed, the only preventive under the circumstances of an absolutely poisonous condition of the air, which is very seriously contaminated wherever a gaslight is employed for illumination. Careful observation of the effects gradually produced by prolonged continuance in such an apartment will reveal the fact that a feeling of oppression, which becomes gradually more intense, steals over one, and in an increased degree according as the number of occupants in the room is added to. The atmosphere becomes thus heavily laden with carbonic acid, the product of the combustion of gas and of the human tissues; failing any free ventilation, this rapidly accumulates, an insignificant amount alone finding exit by the chimney, and, acting on the nervous system of those using the room, induces cerebral congestion that results in serious disturbances, which are relieved only after a more or less painful period of indisposition. The remedy for the evil is in efficient and constant ventilation—*Medical Press and Circular.*

CONTAGION.

Upon this subject the "*Nineteenth Century*" says, that contagion consists physically of minute solid particles. The process of contagion consists in the passage of these from the bodies of the sick into the surrounding atmosphere, and in the inhalation of one or more of them by those in the immediate neighborhood. If contagion were a gaseous or vapory emanation, it would be equally diffused through the sick room, and all who entered it would, if susceptible, suffer alike and inevitably. But such is not the case; for many people are exposed for weeks and months without suffering. Of two persons situated in exactly the same circumstances, and exposed in exactly the the same degree to a given contagion, one may suffer and the other escape. The explanation of this is that the little particles of contagion are irregularly scattered about in the atmosphere, so that the inhalation of one or more of them is purely a matter of chance, such chance bearing a direct relation to the number of particles which exist in a given space. Suppose that a hundred germs are floating about in a room containing two thousand cubic feet of air; there is one germ for every twenty cubic feet. Naturally the germs will be most numerous in the immediate neighborhood of their source, the person of the sufferer; but, excepting this one place, they may be pretty equally distributed through the room, or they may be unequally distributed. A draught across the bed may carry them now to one side, now to the other. The mass of them may be near the ceiling, or near the floor. In a given twenty cubic feet there may be a dozen germs, or there may be none at all. One who enters the room may inhale a germ before he has been in it ten minutes, or he may remain there for an hour without doing so. Double the number of germs and you double the danger. Diminish the size of the room by one-half, and you do the same. Keep the windows shut, and you keep the germs in;

open them, and they pass out with the changing air. Hence the importance of free ventilation; and hence one reason why fever should be treated, if possible, in large airy rooms. Not only is free ventilation good for the sufferer, but it diminishes the risk to the attendants.—*Scientific American*.



IS COFFEE INJURIOUS?

Dr. Richardson, the eminent English scientist says on the subject of coffee,—“it cannot be taken in excess without producing dyspepsia and irritation, but moderately used it is an invigorating, healthful, and wholesome drink, bringing a man’s best energies into play. The quantity taken however, must not be large, and should be good.”

Dr. Bock, of Leipsic, another celebrated scientist says,—“the nervousness and peevishness of our times are chiefly attributable to tea and coffee; the digestive organs of confirmed coffee drinkers are in a state of chronic derangement, which re-acts on the brain, producing fretful and lachrymose moods. Fine ladies addicted to strong coffee have a characteristic temper, which I might describe as a mania for acting the persecuted saint. Cocoa and chocolate is neutral in its psychic effects, and is really the most harmless of our fashionable drinks.”—When will this coffee question be settled? Doctors disagree as to the beneficial and the injurious effects of this beverage upon the system, and who shall decide under these circumstances?—*Ed.*

G O U T .

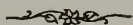
The formation of urea instead of uric acid may be determined by supplying oxygen. Oxygen may be directly inhaled, or the binoxide of hydrogen exhibited in one drachm doses diluted in about two ounces of water. This has a marked influence on the biliary secretions, which it increases in quantity and improves in quality, often producing excessive biliary dejections, thus relieving congested livers and secondary bronchial congestion. The inhalation of a mixture of oxygen and air, in the proportion of one to four, pretty uniformly clears the urine of lithates.—*Ex.*

SEWER GAS AND DISEASE.

The authorities of one of the largest hospitals in London took measures lately to ventilate all the drains and sewers in connection with their institution. Up to the time these alterations were made, pyæmia and erysipelas had almost driven the medical staff to despair. When the whole of the ventilation was completed, and as soon as the pressure was removed from the traps of the closets and lavatories, no fresh cases were found to occur. For months the hospital wards were free from both erysipelas and pyæmia. Suddenly, however, there was a fresh outbreak of these diseases, but it was noticed that the epidemic was confined to one of the surgical wards, built apart from the main building, on the pavilion plan, and having only one story. Close investigation proved that the ventilation pipe in this wing had been stopped up by a careless workman. When this was remedied, all traces of the epidemic disappeared.—*Scientific American.*

SUBSTITUTE FOR COD LIVER OIL.

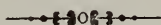
According to the New York Medical Journal, Dr. Thomas A. Emmet in his recent work on the "Principles and Practice of Gynecology," recommends the fat of pork, properly prepared, as an excellent substitute for cod liver oil. A portion of a rib, free from lean, is selected and soaked in water thirty-six hours to get rid of the salt. It is then boiled slowly, the water being often changed, until the meat is thoroughly cooked. It is to be eaten in the form of sandwiches, cut very thin. Thus prepared, it forms, according to the author, a very nutritious and concentrated article of diet, and one which can often be retained by irritable stomachs.



PHOSPHORUS.

Prof. C. W. Wright says,—“the average text-book informs the reader that phosphorus is luminous in the dark, or in other words, phosphoresces when exposed to the air; and this is about all that is stated in reference to a property of this element which is the most important of any connected with it. Upon this property, or one closely allied to it, is the poisonous quality of this agent based. Deprive this power of phosphorescence, and this element is no longer a deadly poison, either when swallowed, or by the action upon the bones of the upper or lower jaw. The phosphorescence of this element is accompanied by the development of ozone, and any substance which has the power of destroying ozone

will arrest the luminosity of phosphorus, and what is of still greater importance, destroy its poisonous action. In fact, phosphorus is not of itself a poison, but the ozone which it has the power of developing out of the oxygen of the air is the sole cause of the fatal results which follow its introduction into the system. This I have repeatedly demonstrated by experiments on the lower animals; and in two cases of accidental poisoning in human beings, the same effects have been proven. This is a subject however, that properly belongs to the medical profession, and I will simply state that ten or fifteen drops of spirits of turpentine, mixed with an ounce or two of sweet oil, or any liquid fat, will prove an efficient antidote to elementary phosphorus, or any substance, such as the tips of matches or certain rat poisons, with which it may be incorporated. Other volatile oils, such as sassafras, may be employed when turpentine is not at hand. It is not every specimen of turpentine that will prove antidotal to phosphorus: Any substance that has the power to instantly destroy the luminosity of this body will prove effectual as an antidote; and the only assurance we have of the efficiency of any agent is to test it beforehand.—*Science Record*.



A FORMIDABLE ARRAY OF DOCTORS.

A Parisian journal estimates the total number of recognized medical men throughout the civilized world at 189,000, of whom it assigns 65,000 to the United States, 35,000 to Great Britain and her colonies, 26,000 to France, 32,000 to Germany and Austria, 10,000 to Italy, and 5,000 to Spain. Of the whole number 11,000, it estimates, have contributed to medical literature—2800 in the United States, 2600 in France, 2000 in Great Britain, 2300 in Germany and Austria, and only 300 in Spain.

THE EFFECTS OF COLD AND HEAT ON THE SPINE.

Cold and heat applied to the spine produce definite and constant effects, exactly the opposite of one another. Ice applied to the spine increases the general circulation, stops the cramp of voluntary and involuntary muscles, proves an effective remedy in epilepsy and other convulsive affections, cures sea sickness, restrains the sickness of pregnancy, arrests diarrhoea, recovers patients from the cold stage of cholera, and finally, promotes menstruation. On the other hand, heat along the spine lessens the general circulation, overcomes congestion in all parts of the body, lessens fever, restrains hemorrhage, and lessens or arrests the menstrual flow.

THE CHOLERA ADVANCING TOWARDS EUROPE.

The cholera is spreading in the East and advancing toward Europe. It has already made considerable ravages at Aden, and has reached Mecca, where the Mussulmans are imploring their prophet. Two other epidemics attract serious attention. The first is the yellow fever in Senegal, where the number of victims has been great, and the second diphtheria, which has killed more people in the south of Russia than any other epidemic, not excepting the plague. It has prevailed there since 1872. In Bessarabia 15,000 out of 36,000 persons who were attacked have succumbed to it. Out of 46,000 cases 19,000 ended fatally, and in Kharkoff, out of 29,000 cases there have been 17,000 deaths.

MISCELLANY.

CATARRHAL AFFECTIONS OF THE KIDNEYS AND OTHER URINARY MALADIES. It is a fact, not sufficiently appreciated, that the common smart weed, *polygonum punctatum*, is perhaps the best general diuretic and kidney cleanser we have which is free from irritating properties on these organs. For most of the kidney maladies of aged people, also Bright's disease, catarrh of the organ of old people, and of some children, and those habitually troubled with acid and irritating urine, this very simple remedy will always be found not only very good but very refreshing. I order it as a common tea beverage with the ordinary diet, a pint at a time, sweetened if preferred, and with milk.—*Chicago Eclectic Medical Journal*.

ETIOLOGY OF PAROTITIS. Judging from the well-known epidemic occurrence of mumps, and from the immunity which one attack confers against subsequent attacks, Drs. Capitan and Charrin, in Paris, suspected the infectious nature of the disease, and, in the expectation of finding evidence to that effect in the fluids of the body, they subjected the blood, saliva and urine of patients to a careful microscopic examination. In the blood they discovered bacteria in great abundance, most of them being of the spheroidal, some of the rodlike variety, but all minute and endowed with rapid motion. The saliva contained bacteria similar to those found in the blood, but all specimens of urine examined were entirely free from either bacteria, albumen or sugar.—*Peoria Medical Monthly*.

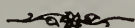
MALIGNANT PUSTULE. Dr. Declat urges with much earnestness the virtues of the Carbolate of Ammonia in the treatment of malignant pustule. This substance is first applied as a caustic, and then administered internally in a dose of fifteen to thirty grains in twenty-four hours. In one instance four butchers were attacked with malignant pustule, derived from

infected cattle, and two were attended at their home, while the other two were carried to the hospital and placed under the care of Dr. Declat, and treated with the carbolate of ammonia as above described. These were entirely cured in a reasonably short space of time, while the others who were treated at home by the ordinary method, succumbed to the malady.—*Foreign Ex.*

SCIATICA. Dr. Henry Lawson, of London, recommends from experience, hypodermic injections of morphia for the cure of Sciatica, Lumbago and Brachialgia. He produces first local anæsthesia in the vicinity of the part affected, by means of the spray producer, by the use of ether of low specific gravity, and then inserting the needle of the syringe about an inch deep in the flesh of the patient, he injects the proper quantity of morphine, (Sol. of Sulphate) to the amount of a quarter or half a grain or more. He applies as near the seat of pain as possible, and usually relief follows in a few minutes.—*Medical Journal*

CHLORAL HYDRATE. Dr. Liebrich, of Germany says, that this agent is an antidote for strychnine, so efficient indeed, that doses of the poison which would be fatal under ordinary circumstances, are rendered entirely innocuous by the chloral, provided the remedy be applied immediately after the poison is taken. On the other hand, strychnine will be available as an antagonist to chloral poison; and although no authenticated cases of this latter character have yet been reported, some may possibly arise hereafter, and it may be well to bear the facts first mentioned in mind.

EVAPORATION. Trees should not be cut away from the borders of ponds, as they protect the water from evaporation. In one summer a calculation was made, which showed that in forty days the evaporation of an unprotected pond, containing about 14,000 gallons of water was 9,000 gallons; as much, in fact, as would have supplied a flock of five hundred sheep for the time.—*Facts in Science.*



MEMORANDA.

1787. Brugatelli, chemist, discovered "Suberic acid."
1788. Dr. Samuel Adams died in Boston, Mass., aged 37 yrs.
" "Galvanism" was discovered by Galvani, of Italy.
" Dr. John Brown died in Scotland, aged 53 years.
" Dr. Percival Pott died in London, aged 75 years.
1789. Dr. Peter Camper died in Holland, aged 67 years.
" Dr. George Cleghorn died in England, aged 73 years.
1790. Galvani, discoverer of "Galvanism," died in Italy.
" Dr. William Cullen died in Scotland, aged 78 years.
" Dr. Benjamin Gale died in New York City, aged 75.
1791. Dr. John Berkenhout died in England, aged 61 years.
" Dr. Charles Bisset died in England, aged 75 years.
" Dr. John Jones died in New York, aged 63 years.
" Dr. Samuel Whitwell died in Newton, Mass., aged 38.
1792. Dr. William Bromfield died in England, aged 80 yrs.
" Dr. John A. Murray died in Scotland, aged 52 years.
" The plague ravaged Egypt causing 800,000 deaths.
1793. Klaproth, chemist, discovered "Zircone."
" Dr. John Hunter died in England, aged 66 years
" Dr. John Flagg died in New Hampshire, aged 50 yrs.
1794. Dr. James Hurlburt died in Connecticut, aged 77 yrs.
" Lavoisier, chemist, died in France, aged 51 years.
1795. Dr. John G. Zimmerman died in Belgium, aged 67.
" Dr. Peter J. Dessault died in France, aged 51 years.
1797. Transfusion of blood introduced into practice in France.
" Dr. William Cadogan died in England, aged 42 years.
" Dr. Richard Warren died in England, aged 66 years.
- ~~2082~~

EDITORIAL.

MORNING SICKNESS.

We would call the attention of the medical profession to another property of the Acid Phosphate of Prof. Horsford, viz.: that of allaying the sympathetic troubles incident to the early stages of pregnancy. For morning sickness and nausea it has been used with good results. It seems to relieve the burning sensation sometimes felt before rising. Dr. D. T. Nelson of Chicago says: "I find Horsford's Acid Phosphate a pleasant and valuable remedy in indigestion, particularly in pregnant women." Dr. W. L. Atlee of Philadelphia says: "Having used Horsford's Acid Phosphate very extensively in my practice, which consists mostly of uterine diseases and disorders incident thereto, it is with pleasure I attest my appreciation of its usefulness."

Let the patient put eight or ten drops of Acid Phosphate into half a glass of water, (cold) and take a sip of it, say five minutes before rising, or whenever the sickness or nausea is coming on.

It is equally effective, and to some may be more palatable taken in hot water, or tea without milk or sugar. In such cases use the same dilution as above. Some constitutions may require a stronger dilution, which fact, experience alone can decide.

THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY held its regular meeting last month, (Oct.) when there was a very full attendance. Dr. Barrows read an essay upon "Medical Electricity," which called forth an extended and interesting discussion. Dr. J. P. Bills, of Pocasset, read a well-written essay upon "Small Pox," in which he gave a concise account of the disease in its milder and more severe forms, together with the remedies relied upon in its treatment. A discussion

followed which proved both instructive and practical. Two medical gentlemen were admitted to membership, and an increasing interest in the meetings of the society was exhibited by all present.

WE RECEIVED a request for an exchange from the "Eutaw Review" and also from the "Arkansaw Doctor," to which we responded by placing them on our exchange list, and sending our journal regularly. The response on the part of the above named publications has been *one number only* from each. We await further civilities.

OUR JOURNAL. We thank our editorial brethren and private friends for their kind notices of, and good wishes for, our Journal, and for the encouragement that we have so far received. We now have readers in Maine, New Hampshire, New York, Ohio, New Jersey, Vermont, Rhode Island, Iowa, Washington, D.C., Eutaw, Arkansas and England, as well as in our own State; and we have found a welcome with many non-professional readers who are able to find in every number something to interest them. It will be perceived that our advertisers conduct first-class establishments, presided over by respectable and reliable men. It will be our aim to raise the standard of our publication by every means in our power, and to make improvements as circumstances will justify. Additional subscribers with cash in hand, and payments promptly made by those who have not yet paid their subscriptions, will greatly facilitate the execution of our labors in publishing the Journal. As the year is drawing to a close we trust that those who have received it will remember us at their earliest convenience.

THE AMERICAN ACADEMY OF DENTAL SCIENCE recently held a very interesting meeting. Dr. F. N. Seabury, of Providence, R. I., delivered the annual address.

THE Secular Press announces the death of Dr. Theophilus Mack, founder of the General and Marine Hospital and Nurses' Home, at St. Catharines, Ont. He was well known in the United States and Canada.

DR. HALL, a prominent physician of Detroit, has been found guilty of murdering his wife by poison.—*Boston Journal*.

THE MASSACHUSETTS EYE AND EAR INFIRMARY held its annual meeting recently, and by the report it is stated that ten thousand five hundred and sixty-eight patients have been attended during the year.

DR. WILLIAM H. HERR died at Salmon Falls, N. H., after an illness of several months. He graduated at Bowdoin Medical College.

DR. KENNEY of Dublin, Ireland, has been discharged from the position of Parochial Medical Officer, by the Government Board, for suspected abetting of the land league.

DR. BENJAMIN H. MANN, a well known physician at Boston Highlands, died October 25, aged 39 years.

THE STAR says,—“the oldest practitioner of medicine in Memphis does not remember a time when purely filth diseases have been so rife as during this year. The prevalence of diarrhoetic complaints is especially noticeable.”

DR. BENJAMIN GREEN of Lynn, having been found guilty of procuring abortion, was sentenced to the House of Correction for two years.—*Evening Star*.

DR. SARGENT, the Director of the Hemenway Gymnasium at Harvard, will have charge of the furnishing of the new Latin and English High School Gymnasium. in Boston.

DR. JOHN MENNINGER, prominent in the German rebellion of 1849, died in New York, aged 75 years.

DR. J. W. CHICK died in Kansas City, October 27th.



WAYSIDE GLEANINGS.

The Michigan Legislature has passed the Act establishing a chair of Eclectic medicine in the University of Ann Arbor, Mich.

The County Hospital at Denver, Col., has been placed in charge of homœopathic physicians, at a saving of \$2,600 per year, and a corresponding saving of life and suffering.—*N. E. Medical Gazette*.

Dr. Millet, a French army surgeon, recommends powdered aloes as a dressing for wounds, both as a means of favoring cicatrization and for closing them. It is said to relieve the severe pain of wounds almost immediately, and requires to be renewed only at long intervals.—*Scientific American*.

Mr. Gezow, a Russian apothecary recommends the following as a sure remedy for corns, stating that it proves effective in a short time, and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel's hair pencil.—*Pharm. Zeit.*

A sound and liberal education is the surest pathway to success in all pursuits. Statistics show that the educated man will, on the average, be as far advanced in his career at thirty-five years of age as the uneducated at forty-five or even fifty. Not one out of every ten of uneducated men achieves success.—*J. M. Gregory, Champaign, Ill.*

It is said that petroleum has been discovered in large quantities in the vicinity of Lake Ainsley, Cape Breton; and also in Alabama.

The medicinal rule is that an elevation of 4,000 feet above the level of the sea confers immunity from yellow fever.

Salicylic acid, in a solution of borax, and used as atomized spray, is claimed on the authority of Mueller, to disinfect the sputa of tuberculous patients, and in this way control the progress of the disease. It is a fact that chronic purulent bronchitis is remarkably benefitted by this form of atomized salicylic solution, and is worthy of a trial in consumption.—*Geo. Medical Monthly*.

Mr. Henry Dodd, in the *London Lancet*, reports the case of a girl aged eight years and ten months giving birth to a child weighing seven pounds. The mother was fully matured.—*Phys. and Surg. Inv.*

The use of anthracite coal has been recommended in London as a substitute for bituminous coal, as a means of lessening the fogs, and thereby decreasing the death rate.

Dr. Maclaren, of Edinburgh, Scotland, says the types of insanity have changed with modern times. Acute delirious mania is now comparatively rare, but mental enfeeblement attended with paralysis is becoming more and more common, and is the result of the overwork and worry in the present general struggle for existence.

Dr. Hughes, of England, says, if he were being put under the influence of chloroform, he would say, "never mind my pulse, never mind my heart, leave my pupil to itself, but keep your eyes on my breathing."

Dr. L. F. Stoddard, (*Medical Brief*.) says, for hoarseness from cold or public speaking, take of common horseradish, (as prepared in vinegar for table use,) one part; loaf sugar, nine parts, Rub well together; keep a little in the mouth, swallowing slowly, until relieved.

Tincture of Camphor is said to be the very best application in mastitis or any inflammatory condition where suppuration is imminent.

Sulphuric Acid is now said to be an antidote to carbolic acid poisoning when administered early. The two acids form a non-poisonous compound. This is a Russian introduction and may be usefully remembered.—*Ex.*

Cremation meets with favor in Bologna. A meeting on the subject was recently held there; the physicians are interested in the matter, and there is so much favor in regard to this method of disposal of the dead that a crematory is to be erected.

Eucalyptus Globulus, in chronic diseases of the stomach and bowels is favorably spoken of by Dr. Charles J. Fox; disorders of the stomach, such as would indicate the presence of ulcers, or a tendency to ulceration of that organ. He gives one drachm of the tincture of eucalyptus twice a day, and continues for weeks.—*Geo. Eclectic Medical Journal*.

Hon. Horace Mann once said that "a teacher who is attempting to teach without inspiring the pupil with a desire to learn, is hammering on cold iron." This remark was made in reference to common schools, but it is equally applicable to medical ones.

The "Medical Times and Gazette" says that "at Halifax an epidemic of scarlet fever has been traced to infected milk. Of the eighty-two families supplied by a certain milkman, forty-five were attacked. It was discovered that the milkman had five ill of the disease at the time."—*Ind. Med. Jour.*



PNEUMATIC ASPIRATION.

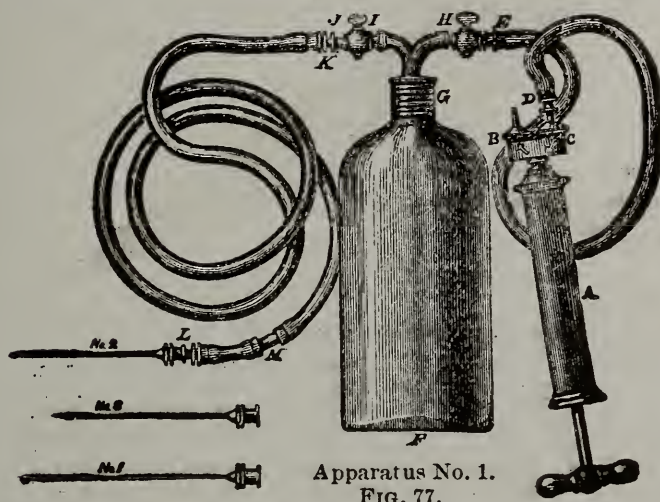
AFTER THE MANNER OF DIEULAFOY.

PRICES REDUCED.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature.

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen the Bladder, the Intestines, the Lungs, and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this new Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:



Apparatus No. 1.
FIG. 77.

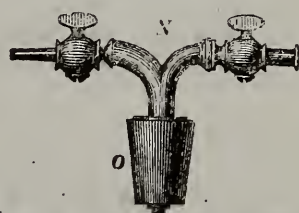


FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 176, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hæmatic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS, NICKEL-PLATED;

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions (postage, 64 cents)..... **\$16 00**

No. 2 The same, without receiver and with rubber stopper (see Fig 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement fitted in neat case, also with printed directions (postage, 32 cents)..... **\$14 00**

No. 4 Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional (postage, 32 cents)..... **\$6 00**

ALSO, *Dieulafoy on Pneumatic Aspiration*, post-paid, by mail, on receipt of **\$3 40**

FULL DESCRIPTION ON APPLICATION.

Caution—Faulty and even dangerous imitations of our Aspirators and Atomizers having appeared, we suggest the need of caution in purchasing.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

N. B.—See other advertisement above, and in writing please mention this Journal.

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WHAT EVERY PHYSICIAN SHOULD HAVE. THE NEW Stylographic Pen!

THE VERY LATEST IMPROVEMENT.

Patented July 15th, 1879, and
March 1th, 1880.

A Pencil which writes INK, never
needs sharpening, and never
wears out.

The Stylographic Pen is an entirely new writing instrument
for the desk or pocket, combining the convenience of the
lead pencil with the permanency of pen and ink.



THE ADVANTAGES OF THE PEN:

The advantages of such a pen are self-evident. Do you want to write a letter, a prescription, indorse a check, or take notes? Slip off the point cover and place it upon the other end of the pen so that you will know just where to find it. Give the cover of the air-case a turn, and then write all day, if you like, with no dipping for ink, no faking of fingers, no scratching or clogging of pen, and no blotting of paper. When you have finished writing, close the air-case by a reverse turn on the cap; replace the point-cover and go your way. The pen will be ready for use when you want it again, whether it is in five minutes or a year. Where speed and legibility are required, the Stylographic Pen is much better than the ordinary pen, as the necessity of dipping for ink is obviated, and the smoothness and shape of the point admit of a free passage over the paper, leaving a clear, uniform line. As an office "ruling pen" it surpasses anything else for that purpose, as a pocket pen, it is perfect, being at once air-tight and always ready for use. Send for Circular and Price List to

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For Two Persons afflicted with Mental Disease.

I will receive into my family two persons afflicted with mental disease. None taken who are so violent as to need confinement or excessive restraint. Number limited to two. Price reasonable. References given. Please address

W. A. HUBBARD, M. D.,
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Billerica is a quiet agricultural town, situated on high land. The best and purest mountain air, and is noted for its healthy climate. No exciting occasions, no saloons or dance halls. The best of society, and social priviledges.

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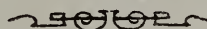
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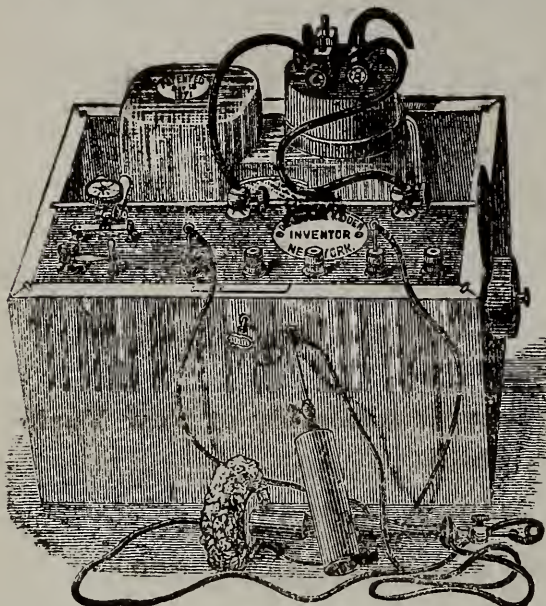
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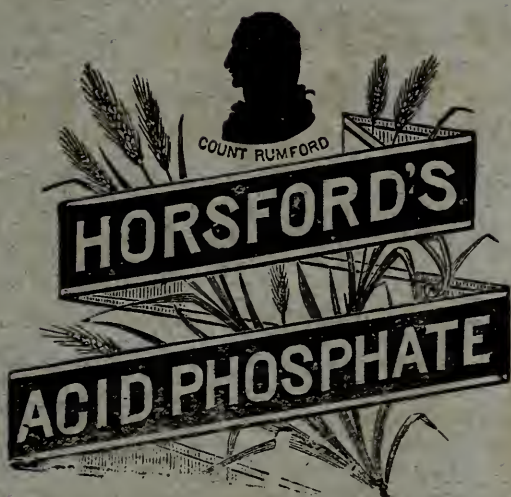
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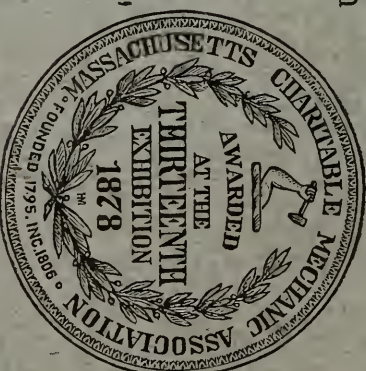
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VOL. I.

BOSTON, DECEMBER, 1881.

No. 12.

EMPYEMA.

By R. B. Carswell, M. D., Amesbury, Mass.

READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.

In selecting Empyema for my subject, I do not propose to attempt an exhaustive analysis of the disease or its treatment, but simply and briefly to allude to some points in reference to the various methods adopted by a number of surgeons both in this country and in Europe, who have given publicity to their several and dissimilar modes, and in making the, mostly very brief, quotations following applying to the subject, I have only had access to such authorities as were then at hand, most of which are doubtless familiar to you all. Some have practiced or spoken in favor of Aspiration.

—Dr. Ellis' opinion is "that aspiration, if resorted to, should be repeated as often as pus can be found, so as to leave as small a cavity and keep the lung as much expanded as possible." He says, "that for a number of years I have been in the habit of puncturing just in front of the latissimus dorsi muscle on either side of the chest."

—Dr. Knight thinks that "if it were possible to get a

trocar into the lowest part of the chest and remove the whole accumulation, we should probably succeed oftener in curing by aspiration."

—Dr. Bowditch says, "it is often very difficult to decide whether to aspirate or to make a free opening, and he has seen cases run down under either method when the disease was of long standing."

—Lister's statement is that "aspiration removes tension for the time being, affording only insufficient relief, for the fluid soon re-accumulates in amount sufficient to re-produce tension, and tension, acting in a reflex manner through the nervous system, brings about inflammatory excitement of the pyogenic membrane, into which the pleura has been converted by disease, and so produces suppuration as it has been previously maintained."

—Dr. Tarbell declares the treatment (of empyema) by frequent aspiration cannot be regarded as justifiable now-a-days."

Operation has been done in cases of empyema both in England and Germany, by removal of a portion of one rib or more. A case reported in the *Medical Times and Gazette*, October 18, 1879, was read by Dr. F. Taylor on the subject of empyema.

—The patient was a child, aged six years, who was admitted into the Evelina Hospital in January 1877, with a history of acute pleurisy eleven weeks previously. The left chest was shrunken, and dull on percussion posteriorly, with deficient breath sounds, and some crepitation at the base in front. The temperature was at first nearly normal, but after a time it fluctuated considerably, often rising in the evening to 103° F. As this continued, and the physical signs were confined to the base of the chest, this was explored on April 16, and pus was found. The chest was then incised, and about ten ounces of pus were discharged. Tubes were inserted and the chest washed out daily. On May 20th, a counter opening had to be made, but by the end of June very little real progress had been made, as the sinuses rapidly closed, and thus the pus secreted was retained. On July 2d, Mr. Howse made a T shaped incision through the skin around the existing aperture, and after separating the periosteum, removed with bone-forceps portions of the seventh, eighth and ninth

ribs. Each portion was about an inch and a half long. The thickened pleura was then cut through from the sinus and two drain-tubes were inserted. The immediate improvement was decided, but the wound rapidly filled up, and in a short time the sinus was reduced to a channel no bigger than it was previous to the operation. From this time nothing further was done by operation. The pus continued to be secreted and its retension was quickly followed by hectic symptoms. Albuminaria was discovered in September 1877, two months after the operation; anasarca developed later, and there was frequent diarrhoea, so that she sank from the internal complications in October 1878."

In another number of the "Medical Times and Gazette," it is stated that "antiseptic surgery has done much to render success more certain, but the antiseptic dressing of an empyema and the insertion of a drainage-tube give trouble, and a simpler plan has been long desirable. The syphon trocar, as used by Dr. Douglass Powell and others, is sufficiently simple, but is open to the objection that if the chest is washed out after drawing off the pus, the same tube being used for both operations, septic matter is liable to enter and infect the pleural cavity."

Dr. Kashimura, assistant to Prof. Baelz, of Tokio, Japan, recommends a new method which is the simplest imaginable, consisting in puncturing and evacuating the pleural cavity, washing it out freely with an antiseptic liquid, and then allowing the opening to close. The instrument consists of a canula provided with a stop-cock which closes its outer end after the withdrawal of the trocar, and with two lateral openings to which india rubber tubes are attached with spring clamps, so that either can be closed or opened at pleasure. Before tapping, these tubes are filled with thymol-water and clamped. When the instrument has been introduced, the stop-cock is closed and one of the tubes, which dips into a vessel of thymol-water, is opened, and the pus allowed to escape. The first tube is then clamped, and the second which communicates with an irrigator containing warm thymol-water, is opened and the antiseptic allowed to enter the pleural cavity. It is then evacuated by the first tube and the process is repeated until the wash-water returns uncolored. Of course the whole of the instrument is assumed to be

thoroughly disinfected before use. The cases hitherto treated by this plan, though not numerous, are eminently satisfactory as all have recovered.

In a report of the proceedings of the "Boston Society for Medical Observation, January 5, 1880, Dr. Tarbell states that in some of his cases of empyema, in which objection was made by the patient or the friends to the knife, he had used a very large trocar, and introduced the drainage-tube through the canula, then withdrawing the latter." Dr. Tarbell expressed his intention to employ Lister's method in future in these cases.

—Dr. Minot strongly advocates a free opening whenever the consent of the friends can be obtained. Its necessity is unquestioned in adults and in children, though aspiration is not infrequently successful, recovery is more sure and rapid after incision. He has often tied a condom to the end of the drainage-tube in children to receive the discharge."

Dr. Porter says, "empyema should be treated like any other abscess and opened. As yet he has never used the antiseptic method in this operations, but means to do so in the future."

—Dr. J. B. Ayer read a case of empyema occurring in his practice, at a meeting of the "Boston Society for Medical Observation," May 24, 1880. The patient, a girl three and a half years old, previously healthy, was attacked with acute bronchitis early last February. Before recovering from the attack, which was of ordinary severity, an effusion insidiously formed in the right side of the chest, and four weeks after the commencement of bronchitis the right pleural cavity was found to be distended with fluid. During the following thirty days he endeavored to remove the effusion by the energetic use of hot poultices, iodine ointment, diuretics and laxatives, at the same time keeping up the patient's strength by tonics, stimulants and nourishing food. In the first ten days of this treatment the fluid was gradually undergoing absorption, but after that time no improvement was noticed, and later the amount was increased. April 8th, Dr. Warren aspirated in the sixth intercostal space in the line of the axilla, and finding pus, immediately made a free incision, one inch in length through which came, with a gush, over twelve ounces of pus. A rubber drainage-tube was inserted and attached to the sides

of the wound and a long ligature sewed to the tube was allowed to fall outside. Dr. Warren did not think it advisable to syringe the chest. The operation was performed under carbolic spray, and the full antiseptic dressing applied. Thirty-eight days after the discovery of the presence of the effusion, the lungs show no sign of disease and the child is rapidly gaining strength."

In the Boston Medical and Surgical Journal, February 19, 1880, page 173, is an article on the antiseptic treatment of empyema, in which it is stated that "it seems as if a great advance has been made in the radical treatment of empyema by operating and changing the dressing under the antiseptic spray." And also refers to the January 29th number of the "Journal" as containing the report of an interesting lecture by Mr. Lister on this subject; then goes on to say that Fraentzel, in the first edition of Liemssen's Cyclopaedia, strongly recommended this method, and gave results of eleven patients operated on by him.

In the second edition of his article, published in 1877, he gives statistics, in regard to twenty-two cases operated upon in this way. In eleven there was complete cure; (with a qualification,) that is, the patients were discharged without any noticeable deformity of the chest and without thoracic fistula. Of the other eleven cases, three from whom the canula was removed too soon, and in whom the strict after treatment was partially thwarted by their unreasonable resistance, were discharged with fistula incompletely healed. Eight died not long after the operation."

Thus it will be seen that the results of a method of treatment of empyema which is claimed by the Journal as "a great advance made in the radical treatment of empyema" show a fatality of eight cases out of twenty-two patients treated by the antiseptic method

For the purpose of comparison I will now pass to the method of treating empyema previous to the introduction of the antiseptic procedure.

—Dr. Bowditch claims that "it is now almost exactly thirty years since Dr. Wyman first drew off fluid from the chest. The patient was a woman, sick three weeks with a large effusion and terrible orthopnoea. Dr. Wyman called the late Dr. Homans in consultation, and proposed tapping

with an exploring needle and canula and a suction pump. Dr. Homans thought it better not to interfere, but Dr. Wyman advocated the experiment so strongly that Dr. Homans said he would talk with his professional friends in Boston and return in the morning. When they met again he said, "Wyman, everybody is opposed to the operation, but, as the woman will die unless relieved of her dyspepsia, perhaps it is allowable to operate." Dr. Wyman immediately tapped, with prompt and entire relief, and in three weeks the woman was well."

—Dr. Chadwick relates a very early mention of the evacuation of empyema by incision in New England, which he had run across in the account of a voyage in 1662 by Felix Christian Sporii, of Zurich, surgeon. The author speaks of the fog rising February 12, 1662, and revealing Cape Cod; the vessel's course was turned north, toward Cape St. Anne, which came in sight. They then steered into the harbor and cast anchor near Read Island, within view of the Governor's house. A small boat immediately came alongside, with a servant of the Governor who inquired whether there was a surgeon on board. On learning that there was, he requested Dr. Sporii to accompany him ashore, where the son of the Governor lay in a very low condition. He found the boy extremely ill, with an elevated point between the third and fourth ribs and other signs which convinced him that the disease had started as a pleurisy, but from lack of proper remedies, had turned into empyema. On advising the parents that death must speedily supervene unless the pus was evacuated, the doctor was requested to operate, and did so the next day in the presence of a large number of astonished spectators. Two pounds of offensive pus escaped from the incision, which the doctor plugged with lint to prevent too great drainage, whereby the patient might lose his life. So immediate was the relief that the patient said he felt better than he had from the twenty purges and thirty clysters, which had previously been administered. The same evening and the following days the pus was drawn off, the opening enlarged, and the cavity cleansed by injections. In three weeks the patient was able to return to his business."

The central or leading idea of Mr. Lister and his followers would seem to be the entire exclusion of atmospheric air from

the thoracic cavity unless first having been acted upon by some reliable antiseptic agent. We will now proceed to examine this matter by first quoting some remarks of James Miller, professor of surgery in the University of Edinburgh, Scotland, in his "Practice of Surgery," published in 1853 by Blanchard & Lea, Philadelphia. In relation to the operation in treatment of empyema, Professor Miller says:—"probably the most commonly accredited objection to the operation consists in the fact that air is admitted to the pleural sac, whereby the pus is supposed to undergo some change which diminishes very materially the prospect of recovery. But it is evident that too much importance has been attached to the circumstance, for practical men have not found these bad consequences to ensue so commonly as has been predicted." Thus Mr. Ferguson in his "Practice of Surgery," says, "whatever care may be taken to prevent the ingress of air, the occurrence is extremely likely to happen. I must say, however, from my own experience, when this has happened, that I have not seen any evil follow directly therefrom."

The testimony of Dr. Roe is still more important; he refers to twenty-four cases, nine of which were instances of purulent effusion, and says: "In every case which has fallen under my observation, a considerable quantity of air entered into the pleural cavity during the operation, and in some of them so freely as to excite all the physical signs of pneumothorax; but in none of them did it produce any permanently evil effect, a few hours being sufficient for its spontaneous removal." The success of the operation has been much greater than is commonly supposed. Dr. Roe, in the paper just cited, has collected all the cases published in the English language between 1812 and 1832 (a period of twenty years); they are thirty-nine in all, of which number eleven died; twenty were examples of empyema, of which fourteen were cured, and six died.

In another table, Dr. Roe records twenty-four cases operated on by himself, or his friends, since 1833, of these eighteen recovered and six died; nine were cases of empyema, of which *eight* recovered and *one* died. Taking the two tables together, the result of the operation will stand thus: the whole number of patients operated upon was sixty-three, of whom forty-six recovered and sixteen died. Of these

twenty-nine had empyema, of whom *twenty-two* were cured and *seven* died.

Dr. Davis reports sixteen cases of empyema operated on, of which *twelve* recovered.

Can such results be shown in operations by the antiseptic method?

In the number of the "Boston Medical and Surgical Journal," published February 19, 1880, in which it is claimed "a great advance has been made in the radical treatment of empyema by operating and changing the dressing under the antiseptic spray," is a record of twenty-two cases treated in this way, in eleven of which there was complete cure; that is, the patients were discharged without any deformity of the chest and without thoracic fistula.

Comparing this table with the record of forty-five cases treated nearly fifty years ago without any regard to antiseptic agencies of which thirty-four (or all but eleven) were cured, I fail utterly to see the "great advance made in the radical treatment of empyema" by the antiseptic method.

September 23, 1879, was called to see F. G., aged twenty-two years, carriage painter, said to have been sick several days preceding with pleurisy. History:—When a child had been kicked by a horse on the head and seemed to be "not quite right" since that time. About two years previous to my visit, had been in charge of a physician in Lawrence who stated his trouble to be "disease of the left lung." Had been able to work most of the time since, but troubled constantly with a cough. I found the young man's pulse 90, full, respiration 20, temperature in axilla 101°, cough, with free expectoration, at times slightly tinged with blood; dullness on percussion over upper lobe of left lung and bronchial respiration. Complained of pain in left chest near the nipple. Diagnosis:—Pneumonitis involving upper lobe of left lung. Treatment:—Tonics, stimulants, opiates at night when needed and a sustaining diet throughout; externally water dressing and subsequently tincture iodine.

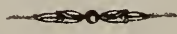
The case progressed favorably until October 1, when the patient became delirious, left his bed on a favorable opportunity and went down stairs; next day nearly succeeded in jumping from the second story window. From this time until the 11th, or nineteen days after my first visit the patient

was very unmanageable. There had been no nasal hæmorrhage, no tympanitis, no diarrhœa, no tenderness in the hypogastrium. October 11th there were indications that the fever was abating. The pulse fell to 70, regular, of fair strength and volume, delirium abated; appetite improved, though respiration continued somewhat above the normal standard, temperature in axilla 90°. From this time to October 18,—seven days, the patient steadily improved. On the 18th of October, contrary to my orders, the patient was dressed and went down stairs, which act was repeated the next day. On the 19th in the evening he was suddenly seized with a chill followed by high fever. Pulse went up to 120, respiration 22—somewhat laborious but no marked change of temperature; hæmorrhage from the nose occurred, some pain in right iliac region, followed by tympanitis, but no diarrhœa; occasional but slight delirium. Treatment consisted of quinine and whiskey through the day, with valerian or opium at night. For nourishment beef tea, wine whey, egg and milk in small amount frequently repeated; milk to drink, and occasionally boiled rice and mutton broth; plenty of fresh air, personal and bed clothing changed daily, disinfectants used liberally in the room. Externally, alkaline bath daily and warm fomentations to the bowels. This condition of things continued with occasional slight variation until November 20 when the patient began to lapse into a state very much like "*coma vigil*"; indication of œdema of the left leg appeared with extreme tympanitis. The patient having had no operation of the bowels for several days got a simple injection of warm water which relieved him wonderfully. The following four days he seemed very near death. He got all the support from tonics, stimulants and nourishment available. On the fifth day there were slight indications of improvement which continued until December 20th, when he began to complain of very troublesome dyspnœa, and on examination it was found an effusion had taken place in the left chest and the heart had been crowded completely from its normal position; its action could be distinctly seen, at the right of the sternum; the œdema of the left leg considerably increased and the patient began to complain of pain in the right leg.

December 25, Dr. McAllister was called in consultation.

It was agreed that the only chance of relief lay in evacuating the accumulation within the thorax, and it was believed that opening with a trocar and introducing a drain-tube would be the best (then available) method. The patient and friends were made aware of the serious nature of the proposed action and with their consent the operation was made. A large trocar was thrust into the sixth intercostal space, a drainage-tube inserted through the canula, and the canula withdrawn, when nineteen pints (by measure) of pus were evacuated. The cavity was washed out with a weak solution of carbolic acid and the opening closed with adhesive plaster and bandage. The evacuation relieved the breathing, but the heart maintained its position at the right of the sternum.

On the night of December 28th, a reaccumulation of pus forced a passage to the estimated amount of four pints. From this time the pus became excessively foetid and the cavity was washed out every day until February 3d, (thirty-seven days,) when pulmonary gangrene supervened and the patient died on February 6th, three days after. Contrary to expectation, the evacuation of the empyema failed to relieve the oedema of the leg which continued until the right leg became oedematous when it subsided; the oedema of the right leg continuing, fissures occurring with drainage of serum, until death closed the scene. From the day of the aspiration until three days previous to his death, his appetite was enormous. He would sometimes devour the whole of a good sized chicken at one meal. He was allowed anything and as much as he wanted to eat or drink during the last forty days of his existence.



THOUGHTS UPON SMALL POX.

By J. P. Bills, M. D., Pocasset, Mass.

(READ BEFORE THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.)

The prevalence of small pox in various parts of the country has led to the belief that we may not escape a visitation of this disease during the coming fall and winter months.

From this fact we are induced to offer a short paper on the subject. No doubt there are ways and means of managing this class of patients, that are not to be found in the books, but are locked up in the rich storehouse of knowledge, observation, and experience of the older members of the society which can be brought out in a free and open discussion only.

This fact was made potent to my mind at the last society meeting, when our venerable brother Jackson gave us (at least to me) more knowledge in a few moments of the action and virtue of lobelia than I had been enabled to obtain since I began the study of medicine, a few years ago.

We all know the consternation and fright into which a community is sure to be thrown on the announcement that small pox is in the immediate vicinity.

That fact alone should be sufficient to the physician, and make him careful lest he make a mistake in the diagnosis; in fact he should cultivate an intimate acquaintance with the disorder so that he could recognize it under all circumstances and conditions. I recall to mind an instance in which the family physician called a case of small pox "a bad case of humor breaking out,"—and not until the disease had spread and death followed in several instances, did the people or

the physician have the faintest idea what the difficulty was. It may not be uninteresting to know that the doctor in question was *regularly sheep-skinned*.

The malady as you are well aware is divided into two forms; discrete and confluent. They differ in regard to the number and arrangement of the pustules, also in severity and fatality. The approaching disease is usually announced by a chill or a succession of chills; in some instances nausea and vomiting, a feeling of lassitude, pain in the back and loins not unlike rheumatism. If the patient has had an attack of rheumatism he is very likely to inform you that this is another attack of the same kind. The fever follows in quick succession, when all the disagreeable sensations are intensified until the eruption makes its appearance, when to a greater or less degree the patient feels a sense of relief.

About the third day the eruption makes its appearance, first on the face and then the extremities; at the end of the fourth or fifth day the eruption is complete.

The confluent form presents about the same symptoms but the pustules seem to run into one another, and the tissues become so swollen that the person affected has the appearance of being one mass of corruption.

The same phenomenon is present in this as in all other devitalizing diseases, namely: a depressed life; a want of power to live.

The diagnosis is the point in which we are most interested; can it be readily made? Can we be sure that the case is small pox before the eruption comes out? There are circumstances under which we might decide easily, but in the majority of cases I think we would have to be governed, to a great extent, by patient waiting for the characteristic appearance of the eruption before we could safely give a positive opinion in regard to the nature of the malady.

If we were asked what our method of diagnosis would be we should reply as follows: In the first place we would consider the fact as to the disease being about, and would suspect small pox provided we had an increased pulse and temperature, coated tongue, pains in the lumbar region and loins, nausea, vomiting, and a disturbed nervous condition. These are symptoms common to many diseases, and they are reliable in diagnosing small pox in proportion to the disorder

being epidemic or not. Where there is but one, or a few cases scattered about, even with the above symptoms we could not with any degree of certainty so name the disease, without the presence of the eruption; and from that fact alone, to a great extent, our mind would be influenced in determining the nature of the case. To be sure the prodromic fever, and the fact that the patient felt better after the eruption made its appearance would have its just weight; but nevertheless we are inclined to the belief that the eruption is our principal guide. And just here is where we want to know how this particular eruption differs from many others, and what are some of the chief points by which it may be recognized.

We first notice minute specks about the third day; a few days more and these specks have grown to pimples containing a little clear lymph, and in from twenty-four to forty-eight hours these pimples are converted into vesicles. These increase in breadth and in time become pustules, depressed in the centre, having a decided umbilicated appearance, and this is one of the special points to be observed. Again, before we get the suppuration the pimples have a feeling of shot under the fingers, but we have noted this fact in eruptions of the skin, where we knew there was no small pox, or anything that approached it. From the above statements, we would take as our guide in pronouncing upon a case in doubt, that had we umbilicated pustule were it one or one thousand, the disease was Variola in some form other.

It is hardly necessary to rehearse the various stages of hardening and subsequent falling off of the crusts, for a minute description of these will be found in works with which no doubt all are well supplied.

As to treatment, the general plan would be to meet the indications as they are presented. The sedatives to control vascular excitement; the antiseptics as they are indicated, among which may be mentioned the Sulphite of Soda, Sulphurous Acid, dilute Muriatic Acid, Baptisia, etc. The Rhus Tox. and Apis for the burning and itching. For the glandular complication the Phytolacca both internally and externally.

It is needless to point out the special cases to which any of these remedies are applicable. For the intolerable itching

and burning of the face, also to modify and perhaps in some cases to prevent the pitting, a lather made from castile soap and applied with a common shaving brush is one feature in the treatment, as far as comfort to the patient is concerned, not to be overlooked.


In regard to prognosis, it is generally considered a very fatal disease and was formerly a very destructive one, one death occurring in every four cases.

The number of pustules in any special case, and the severity of the disease, stand in a direct ratio to one another; for the number of pustules indicate the amount of variola poison reproduced in the blood and is also a direct measure of the extent to which the skin suffers inflammation.

The secondary fever, which sets in when the pustules are mature, forms an important difference between the discrete and confluent forms; and in the latter it is usually intense and highly dangerous, and at this period death usually takes place. The eighth day of the eruption is considered the most perilous day, and the second week the most perilous week.

It is needless to remark that isolation is the only protection for the community when the disease is about. Vaccination is believed by many to modify to some extent its ravages, although in recent years there are a goodly number of intelligent and well informed people whose faith runs in an opposite direction. Of the merits of the case either way we do not at this time propose to speak. Suffice it to say we believe in vaccination. Opinions vary in regard to the time when the disorder begins or ceases to be contagious. It is safest to affirm that it is capable of self propagation as soon as the febrile symptoms manifest themselves

How soon a patient ceases to be dangerous to others is inferred from the fact that clothing worn by him is capable of retaining the contagious principle for months, and it is said for years, if it has been confined.



CONSTIPATION.

This is one of the most common, as well as one of the most troublesome difficulties with which humanity is afflicted. It not unfrequently lays the foundation of severe and extended affections with which the unfortunate victim is obliged to contend through life.

A sense of unnatural fulness in the bowels; a peculiar kind of headache; a sense of langor and torpor, with a predisposition to sleepiness, and other feelings not necessary to describe, but which are fully known to the sufferer.

Those who are most afflicted with this trouble are generally those whose life is sedentary, and thereby fail to procure the exercise which is so essential to a healthy action of the bowels. A persistent neglect to obey nature when she calls upon us to empty the bowels, has entailed this evil of constipation upon many a sufferer. By this course of conduct a torpor of the bowels is induced, and ultimately obtains a hold so strong that it is with difficulty corrected.

A variety of methods have been suggested for the cure of this difficulty, but they so frequently fail that patients often become discouraged and fail to give any method a fair and thorough trial. Some physicians recommend a peculiar diet, and habitual exercise, but we all know how very difficult it is to induce patients to undertake a dietetic revolution, or to persist for any length of time in a regular course of exercise. Others again, advise the use of cathartics, which prove only a temporary relief, and leave the bowels as torpid as before using them. It is true that the cathartic relieves the present difficulty, but it does not remove the cause of constipation. Besides, by a persistent use of cathartics the bowels become used to their action, until at length they will not respond without them. Aloes, in small doses daily, has been recommended, but our judgment does not commend this agent, as

it is bad for those who suffer from piles, and these are not unfrequently attendants upon habitual constipation.

Dr. Chapman advised ten drop doses of the tincture of colchicum root, repeated several times a day, but we never had any great success with this remedy.

Injections of warm soap-suds have been advised; these have removed the difficulty for the time being, but they have failed to remove the predisposition to costiveness.

Several English physicians, as well as some in this country have recommended the use of ox-gall, but if it has been useful in many cases, we doubt if the relief has been more than temporary.

We have been strongly impressed to believe that "torpor of the colon" has very much to do with habitual constipation, and the question has been what agent shall we use that will afford any promise of success in the treatment of this difficulty? Some months ago we received from the house of Messrs Parke, Davis & Co., Manufacturing Chemists, of Detroit, Michigan, several specimen vials of new remedies manufactured and introduced by them. Among these was the Fluid Extract of Cascara Sagrada, of which it was affirmed that "it was a safe and pleasant remedy in dyspepsia and habitual constipation. That it acted upon the sympathetic nervous system, stimulating the nutritive forces, etc."

We were induced to make a trial of the remedy, first upon ourself, and thinking that it sustained its character in our own case, we were prompted to try it upon our patients in cases of habitual constipation. We have used it in a large number of instances with the happiest effects, and as a remedy we hold it in such high esteem that we would not be without it. It works well in smaller doses than that which is prescribed upon the vial. We have invariably begun with fifteen to twenty drops on going to bed, and repeating the dose the following morning before eating, and have never yet been obliged to increase that dose, which is for an adult. For a child the dose is reduced. Any physician who will give this agent a trial, will, we are certain, be satisfied with its action.

B.

C R O U P .

By F. L. Gerald, M. D., Hyde Park, Mass.

We all are called upon to treat cases of croup, and it is apt to give us considerable trouble unless we understand the different forms of the disease, and the treatment for each pathological condition.

We have three forms of croup, viz.: Spasmodic, Mucous, and Membranous. The membranous variety I think is seldom cured. There is quite a large number of deaths from croup every year. During the year 1840, the large number of 4,336 died from croup in England. In ten years previous to 1845, no less than 1,150 children were destroyed in Philadelphia, by the same disease. According to the statistics published by the Board of Health of the same city, for the year 1875, there were 427 deaths, and for the year 1876, 386 deaths caused by this disease. In New York City in 1875, there were 758 deaths from the same cause. In Boston there were, from June 26th, 1875, to June 24th, 1876, 239 reported deaths from croup. In Baltimore there were, from November 1874 to November 1875, 140 fatal cases. In London for the year 1875, there were 722 deaths from this disease. When we consider the amount of suffering both to the patients and to their families, it seems as if the object of diminishing this disease is well worthy of careful study.

It appears to me that *physicians* have been too much in the habit of prescribing for the *name* croup and overlooking the different pathological conditions. Eclectic physicians are usually successful in the treatment of this disease, yet there is a chance for us all to learn more in this, as well as in most all other complaints. There is no doubt in my mind but what nauseants and anti-spasmodics have been given in croup a great many times when they ought not to have been. As

the spasmodic form is a nervous affection, it requires anti-spasmodic remedies for its relief

In the mucous variety of the disease, we have more or less inflammation and an abnormal amount of mucous secreted. In this form of the difficulty we must reduce the inflammation and aid nature in removing the secretions of mucous.

In membranous croup there is a wrong in the blood, causing the peculiar deposit in the larynx and trachea. In spasmodic croup, the disease comes on very suddenly. The child is put to bed in many cases seemingly as well as usual, but wakes in the night suffering from difficult breathing. The cough is hoarse, the cry shrill and piping; the nervous system is not usually much excited, the pulse in some cases but little above the normal standard.

The causes of croup are cold damp weather, sudden changes of temperature, and sitting in a draught. The symptoms of mucous croup are very much like a common cold with some fever, the voice and cough a little hoarse; after a short time the breathing becomes whistling and rough. As the disease progresses the secretions go on until asphyxia takes place, unless it is controlled by prompt treatment. The leading symptoms are the febrile action, and the rattling sound caused by mucous in the larynx, heard on auscultation.

In the first stage of membranous croup, the symptoms are not very prominent; the child does not seem to be very sick; plays about the house in many cases as usual; the voice is a little hoarse; the cry of a whistling nature; as the disease progresses the voice sinks to a whisper; the pulse is hard and frequent; the child dies unless relieved, from asphyxia; in some cases after a few hours sufferings, and in others the patient will linger for a few days.

In my practice the following treatment has been successful in spasmodic and mucous croup. In spasmodic croup, I usually prescribe as follows: *R*—Tr. Lobelia Seed, drops fifteen to thirty, according to the age of the patient; cold water about half a tumblerful. Dose, a teaspoonful every twenty minutes. *R*—Tr. Aconite Rad. drops three to six; cold water half a tumblerful. Dose, a teaspoonful every twenty minutes, in alternation with the lobelia.

In my opinion all wet cloths should be kept from the throat and chest. The Comp. Stillingia Liniment should be

rubbed on the throat and chest, and kept covered with dry flannel. In the mucous form of the disease the first thing to be done is to reduce the febrile excitement, usually with the following: *R*.—Tr. Aconite Rad. drops three to six; Tr. Sanguinaria, drops four to ten, in about half a tumblerful of cold water. Dose, a teaspoonful every half hour or hour. *R*.—Bichromate of Potash, (first decimal,) grains two to four; cold water, four ounces. Dose, a teaspoonful every half hour or hour in alternation with the aconite mixture. The bichromate of potash is a very fine remedy in this form of croup. Of course there may be indications for veratrum, belladonna, or gelseminum, and the physician ought to be looking for special indications for remedies. An emetic should never be given unless there is a large amount of mucous in the larynx and trachea. The stillingia liniment is good in all three forms of the disease.

In the membranous variety of croup, we certainly have a very serious disease to manage. The inflammatory action should be controlled if possible, with Tr. Aconite if there is a small hard quick pulse, or Veratrum if the pulse is full and bounding. If the skin is soft, the eyes dull, the pupils dilated, Belladonna in small doses is the remedy. The vapor of Iodine should be inhaled in alternation with lime every two hours.

The blood must be looked after; if the tongue has a dirty, pasty appearance, Sulphite of Soda should be given in doses of from two to five grains in cold water, three or four times a day. If the breath is fetid, Chlorate of Potash is the best known remedy. I like the action of the Bichromate of Potash alternated with Tr. of Aconite. An emetic should not be given unless the membrane becomes loose, which can be detected by the rattling sound in the throat and larynx. It is well to think of dilute Muriatic Acid in the deep red tongue, and mucous membrane of the mouth.

The strength must be kept up by light nourishing food; brandy should be given in milk, or sweetened water, where the strength is failing.

THE USE OF NARCOTICS.

By J. M. Hole, M. D., Salem, Ohio.

Since the death of our lamented Garfield the subject of the use of opiates and especially morphine has been quite thoroughly talked up. Our old school physicians of this vicinity have become so infatuated with the hypodermic syringe and morphine, that a case wherein it is not administered is the exception not the rule; and only the other day a Prof. W., a teacher of one of our academies in a village some ten miles from here was killed by the use of morphine, so his brother informed me. The case was simply a kind of colic, not at all serious. The professor called a Dr. F., (old school,) who told him there was nothing serious in the case, and gave him two powders of morphine, one-eighth of a grain each; he took them as directed. In the evening the doctor called and asked how he was? Said the professor, "I am still not entirely free of the pain." "Oh, well," said the doctor, "I will give you larger doses." So he made him out seven powders of half a grain each; said he, "take a powder once an hour till you are entirely easy." He took them as directed until he had taken six of the seven powders, when the professor all at once, went into a profound sleep, but soon his breathing became terribly severe and spasms set in and continued until life was extinct, notwithstanding all his physician could do. His brother said to me he never had seen such a terrible condition, and he intends to try the efficacy of a grand jury in the case.

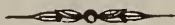
I bring up this case to show the necessity of great care in the use of such remedies. - Allow me to say here and now, from my own knowledge of cases I am almost daily called upon to treat, that if opium was banished from the catalogue of medical agents, and a fine of one hundred dollars imposed

upon any person known to dispense a dose of it, the community would be largely the gainer, for I firmly believe opium and its various preparations are doing more injury to the people at large, than any other kind of medicine or stimulant; and a physician who is dispensing it either hypodermically or otherwise to his patients, (as are many of the old school physicians of my acquaintance,) is not only guilty of murder, but is laying the foundation for untold misery during the life of those who are not killed outright; and I say further, I will risk what little reputation I have as a physician, that I can take any man of two hundred pounds weight, sound and healthy, of forty-eight years of age, and subject him to morphine hypodermically, quinine by the mouth, and doses the size of those administered to our illustrious but dead President, with food, quiet, and horizontal position, continued for the time he was sick, and he will die without the aid of an assassin's bullet. Does anybody doubt it? Certainly not; then why not "cry aloud and spare not" until this worse than quackery in the name of science is abated. Better a thousand times to allow nature to stand the blunt alone than to cripple her by such proceedings. To think of the untold trouble and misery any physician of a fair practice is insidiously cultivating among his patients, is perfectly horrible; I mean the man who is constantly administering morphia by hypodermic injection or otherwise. He a benefactor? no; no; his deluded but suffering victims in time, will feel like cursing him with every drop of blood in their veins. Then, my medical brother, for poor humanity's sake stop giving such terrible stuff; this is the prayer of your humble servant.

And allow me to exhort you to assist with your influence to stop this wholesale destruction of both the physical and mental in your patrons, by the administration of alcoholic stimulants in connection with narcotics, which in their very nature are calculated to and so often do destroy manhood and reduce the poor victim to worse than slavery. We cannot look for reformation from "old physic;" it must come from young physic or eclecticism. I speak advisedly when I say, for over thirty years I have been constantly treating all varieties of disease incident to this locality, and as successfully too as any physician, without the aid of alcoholic stimulants other than are used by druggists in the preparation of medi-

cines, and so also without (but in a very few cases,) the use of morphia or any other preparation of opium.

This indiscriminate use of those terrible nerve-enervating drugs must be stopped, or what can we expect of the coming man or woman; I tell you it is fearful to contemplate pre-natal opium eater, or whisky drinker; does anybody doubt it? if so examine the statistics upon the subject. Physicians more than any other class are chargeable for this condition of things as they are consulted upon all occasions as to health and disease; so upon us as eclectics must devolve the duty of shelving the hypodermic syringe as we did the lancet and scarificator. I am for it, who will help me?



TO ABORT A FELON.

By Prof. J. H. Stearns, M. D.

The most painful affliction, while it lasts, that any one can have, is a whitlow or felon. It is of an erysipelatous character, and may start from the bone or as the result of an external injury. The diagnosis is simple, and the treatment should be successful in twenty-four to forty-eight hours. Wash the part for a moment in a solution of carbolic acid until it is softended and bleached; then wipe dry and apply collodion, several coats. Now, in drying, the collodion contracts, and causes an even pressure, and pressure, according to a physiological law, causes absorption. The patient is always constipated, and should have a mild cathartic and an anodyne at night, as the pain is excessive for some hours. It should *never be poulticed*. If matter has formed it will appear at the surface, and an incision through the skin will let it out. Medical men will be surprised at the result of this treatment.—*St. Louis Eclectic Medical Journal*.—*Journal of Materia Medica*.

HOW CAN I AID THE JOURNAL?

This is a personal question, and one that every member of the Massachusetts Eclectic Medical Society should address to himself. It is a question in which every member is interested, and that for several reasons. It should be remembered that the Journal was inaugurated at no inconsiderable personal risk and after the most mature consideration. Whilst many other States were publishing and sustaining a medical periodical, it became a matter of serious conviction that Massachusetts could, and should support a medical journal of its own. The plan has been inaugurated, and this Journal has been published for a year, and it has been sent to every member of the Society. It should not be forgotten that it takes money to sustain a periodical and that without it there is very little hope of progress.

One important element of support is to subscribe for it, and not wait, after subscribing, to be importuned for the amount due. A prompt and ready compliance with the terms of subscription will aid in carrying on the publication. None should allow themselves to forget their responsibilities, or defer a duty which they intend at some time to perform.

Another way to aid the Journal is to talk it among your friends and endeavor to induce them to become subscribers. We have several subscribers among the non-professional portion of the community, and it is our desire to make the Journal an acceptable visitor to those who are not in the profession; and several have told us already that they find many articles of great interest, which are not especially addressed to the professional community.

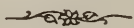
Another means of aiding the Journal is in endeavoring to procure suitable advertisements for its pages. We can receive almost any amount of advertising, and in doing so we shall not restrict our reading matter, but give our subscribers their

forty-eight pages of interesting articles as we have done from the beginning.

Physicians scattered through our State, and the Union in fact, can greatly add to the interest and usefulness of the Journal, by sending us the contributions of their pen. Almost any physician can find time to write some, even if it be but a short article, which will prove of interest to their brethren. If you cannot write a set article, for want of sufficient time to devote to it, give us the report of an interesting case in your practice, or give us a letter detailing the success of medical science, or of medical societies in your immediate neighborhood. If secretaries of societies would send us accounts of their meetings, with details of any matters of general interest connected with them, we should be happy to make such extracts therefrom as the capacity of our pages would admit.

These are some of the ways in which our Journal may be aided, and that too with very little sacrifice to the parties disposed to assist in the matter.

We trust that our brethren will not wait for any further pressing in regard to the matters herein contained, but enter upon the work at once, with the determination that Massachusetts *shall* have an eclectic journal, and that it shall be handsomely and permanently sustained.



THE INHALATION OF DRUGS.



This method of medication which is now so common in our midst, is not a *new* but the revival of an antiquated custom. It was practiced by Galen, and by one of his most distinguished disciples who recommended consumptive patients to inhale a compound of Orpiment, Storax, Myrrh, Galbanum, etc. Bennet, Willis, and Sir Alexander Crichton, who were contemporaneous, all recommended the process of inhalation.

One would suppose, to read the advertisements of the day, that some new "medical comet" had burst upon the startled world, with a discovery of inhalation, which was to prove *annihilation* to every other *modus medendi* in existence.

Soluble Elastic Filled Capsules.

We desire to secure the attention of medical practitioners to the Soluble Elastic Filled Capsules of our recent introduction into this country. These Capsules are so different both in appearance and quality, from any heretofore placed on the American market that we especially request that opinion regarding them may not be prejudiced by previous knowledge of a similar class of goods.

Our Capsules are manufactured after a method not previously employed in this country, workmen and apparatus having been especially imported from Germany for the purpose. Our claims of superiority for them are based on the following qualities:

1. Their Transparency. They are made of the finest quality of white gelatine and are perfectly transparent, permitting a full inspection of their contents. This property is calculated to prevent the sophistication possible under the use of opaque gelatine.

2. Their Elasticity and Lubricity. These properties remove from the capsules, as completely as possible, everything which prevents their easy deglutition. They may be easily moulded between the finger and thumb, and when held for a moment in the mouth the action of the saliva on the gelatine covers them with a mucilaginous coating which greatly facilitates their swallowing.

3. The Quality of their Contents. They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.

4. Solubility. The solubility of these Capsules may be determined by the simplest test. Allowed to lie loosely in the mouth the contents escape in from two to three minutes, and there is not the remotest possibility of the capsules passing intact with the faeces, as is sometimes the case with the ordinary filled capsules.

5. Their Sizes Heretofore the filled capsules offered the profession of this country have not contained more than ten minims of the liquid. We have in our list capsules containing all the way from ten minims to half an ounce. The larger capsules are designed more particularly for the administration of cod liver and castor oils. Notwithstanding their size, they are, owing to their elasticity and lubricity, swallowed as readily as an oyster. The advantages of such capsules are too obvious to require enumeration.

These Capsules are put up in a style in keeping with their elegance, in boxes containing one, two and three dozen.

The following few formulæ selected from the list will convey an idea of the class of ingredients with which these capsules are filled:

Castor Oil,
10 minims.

Castor Oil and Podophyllin,
Castor Oil, 10 minims.
Podophyllin, $\frac{1}{2}$ grain.

Cod Liver Oil, Best Norwegian,
10 minims.

Cod Liver Oil and Creosote, (2grs.)
Cod Liver Oil, 10 minims.
Creosote, 2 grains.

Cod Liver Oil and Iodoform,
Cod Liver Oil, 10 minims.
Iodoform, 2 grains.

Cod Liver Oil and Phosphorus, (1-60.)
Cod Liver Oil, 10 minims.
Phosphorus, 1-60 grain.

Crude Petroleum Mass,
10 minims.

Cod Liver Oil and Creosote, (4 grs.)
Cod Liver Oil, 10 minims.
Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron,
Cod Liver Oil, 10 minims.
Iodide of Iron, $\frac{1}{2}$ grain.

Cod Liver Oil and Iodine,
Cod Liver Oil, 10 minims.
Iodine, $\frac{1}{2}$ grain.

Cod Liver Oil and Phosphorus, (1-30)
Cod Liver Oil, 10 minims.
Phosphorus, 1-30 grain.

Phosphorated Oil, Compound,
Phosphorated Oil, (1-60 gr.) 10 m.
Extract Nux Vomica, $\frac{1}{4}$ grain.

Phosphorated Oil, (1-50 gr.)
1-50 gr. Phosphorus in 10 m. of Oil.

Cod Liver Oil,
5 grams.

Cod Liver Oil,
15 grams.

Copaiba, Cubebs and Sandalwood Oil,
Copaiba, best Para, 6 minims.
Essential Oil of Cubebs, 2 minims.
Sandalwood Oil, East India, 2 minims.

Copaiba, Cubebs and Buchu,
Copaiba, best Para, 6 minims.
Ethereal Extract Cubebs, 2 minims.
Extract Buchu, 2 minims.

Copaiba, Cubebs and Rhatany,
Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims.
Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 gtt.,
With Sweet Almond Oil, q. s. ad 10 m.

Oil of Male Fern and Kameela,
Oil of Male Fern, 9 minims.
Kameela, 5 grains.

Castor Oil,
5 grams.

Castor Oil,
15 grams.

Send for special descriptive circular "Filled Elastic Gelatine Capsules"

PARKE, DAVIS & CO.,

Manufacturing Chemists,
DETROIT, MICHIGAN.

Recent Introductions to the Materia Medica,

—BY—

PARKE, DAVIS & CO.,

Manufacturing Chemists, DETROIT, MICH.

CHEKEN.

(*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an **INHALATION** in diphtheria, laryngitis, bronchitis, bronchorrhœa, etc.; as an **INJECTION** in gonorrhœa, leucorrhœa, cystitis, etc.; and **INTERNALLY** as an aid to digestion, to allay cough, to facilitate expectoration and to stimulate the kidneys. It is also an astringent and is said to be of great value in hæmoptysis.

Cheken, (known also as Chekan and Chequen.) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **CHRONIC BRONCHITIS** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA.

("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of

the herb. Dose one to two fluid drachms. **DIAPHORETIC AND DIURETIC.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use, the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA.

(*ALLIGATOR PEAR.*) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of the country.

It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who, while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **INTERCOSTAL NEURALGIA**. The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I cannot but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA.

(*ERYTHROXYLON COCA.*) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **THE OPIUM AND ALCOHOL HABITS**. In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

WE PREPARE FLUID EXTRACTS OF ALL OF THE ABOVE DRUGS.

Parke, Davis & Co.,

MANUFACTURING CHEMISTS,

DETROIT,

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MICH.

SMALL POX AND VACCINATION.

An International Congress of the Opponents of Jenner's Discovery.

The second International Anti-Vaccination Congress recently terminated a four days' session at Cologne. Forty-five delegates attended, representing the various leagues and societies and opposition to the enforced vaccination in Prussia, Saxony, Wurtemberg, Switzerland, Belgium, France, England and the United States. Dr. Hubert Boens of the Belgium Academy of Medicine, the author of numerous works on small pox and vaccination, presided, and was supported by Professor Adolf Vogt, M. D., of Berne University, Dr. H. Oldtman of Cologne, Dr. Waltz of Frankfort-on-Oder, Mr. W. Tebb of London, and many others. Letters of regret for non-attendance, accompanied by expressions of warm approval of the objects of the congress, were received from the Countess de Noailles, Lord Clifton, Sir I. Clarke Jervoise, Mr. Peter Taylor, M. P.; Mr. Thomas Burt, M. P.; Mr. Kruchenius, member of States-General, Holland; Mr. Alderman Tatham, Mayor of Leeds; Professor Alexander Wilder of New York; Dr. J. Emery Coderre, professor materia medica, Victoria University, Montreal; Professor James Browne, L. L. D., of Williamette University, U. S. A.; Dr. G. F. Kolb, member of the royal statistical commission, Munich, etc.

The tables literally "groaned"—to use the words of Mr. Gladstone with reference to the literature of this agitation on another occasion—with imperial, parliamentary and municipal returns, statistical tables and official reports, to which constant reference was made by the several speakers, and with books, pamphlets and journals relating to the subject of small pox and vaccination. During the seven sittings of the congress about twenty-five formal addresses and papers were

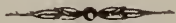
delivered under various sections, dealing with the scientific, statistical, social, political and historical aspects of the subject. Several of the speakers, notably Dr. H. Boens and Dr. Oldtmann, devoted special consideration to the irrational and unscientific basis of Professor Pasteur's theories for multiplying artificial diseases as a means of promoting the public health, instead of removing the sources and hotbeds of disease by sanitary measures, which could alone annihilate small pox and other epidemics. Dr. Charles Pigeon, the delegate from France, delivered an address on the scientific and medical sides of vaccination, which, briefly epitomized, sets forth the prevailing opinion of the congress in the following propositions:

FIRST—Small pox, when rationally treated, is not relatively a dangerous disease-

SECOND—Vaccination does not afford immunity against it, but, on the contrary (being itself an infusion of zymotic molecules,) is an excitant of it.

THIRD—Vaccination not unfrequently inoculates syphilis and other maladies much more dangerous than small pox, as the virus is never free from the risk of such contaminations.

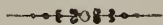
Among other proposals approved by the congress was the petitioning of the various legislatures to make vaccinators responsible for the evil consequences attending upon the operation, which it was believed would at no distant day cause the practice to be abandoned. An executive committee was elected for the ensuing year and resolutions passed agreeing to continue the international congress until the compulsory vaccination acts are finally abolished. The next congress is to meet at Berlin in 1882, during the sittings of the Reichstag.—*Globe*.



ADULTERATION OF TEA.

Says a traveller upon this subject,—the Chinese are adepts in trickery. The unhealthful effect of some parcels of tea which are dealt out in our cities, is owing to their being adulterated so extensively by the Chinese.

Old and damaged tea is taken by them and placed over hot pans of charcoal to dry; the dried leaves are put into cast iron pans,—a few pounds of tea in each pan,—and placed over furnaces. A little turmeric is now stirred in; but in order to secure a good green hue, lumps of Prussian blue and gypsum are added. These are then stirred before the fire until the tea has taken the fine bloom color of hyson, with very much the same scent. The transformed leaves are then picked, sifted, chopped small, and sold for excellent young hyson.



R I N G W O R M .

The distinguishing character of this difficulty is the occurrence of vesicles or small blisters in circular patches. In the common form of it, the vesicles appear at the circumference, forming a ring, with a portion of skin in the centre free from eruption. Hence the popular name of “ringworm,” which it shares with other eruptive diseases having a similar arrangement.

The seat of it is usually in the upper portions of the body, as the face, neck, arms and shoulders, and more rarely on the lower extremities. The blisters are usually very small, and the surrounding skin red and inflamed. The vesicles generally break in three or four days, forming minute scabs which fall off in about a week. There is also some burning pain, itching and tingling.

MALARIA IN NEW ENGLAND.

Malaria has lately been showing itself not only in various localities in Massachusetts, but in many other parts of New England. The fact is attracting much attention among physicians and sanitarians, and has been discussed in the Boston Medical and Surgical Journal and other professional periodicals.

Malaria is not a new disease to New England, but has appeared now and then in different localities ever since the settlement of the country. In Dr. Green's centennial address, delivered before the Massachusetts Medical Society, last summer, several references to the disease are quoted.

Rev. Mr. Danforth of Roxbury, during the winter of 1660, makes the following entry in the church records: "The Lord was pleased to visit us with epidemical colds, coughs, agues and fevers." Later, in 1671, he writes, "This summer many were visited with ye ague and fever;" and again in the same year he records, "Agues and fevers prevailed much among us about ye Bay, and fluxes and vomiting in Boston." Another writer in 1691 speaks of the "burning and spotted Fevers, shaking Agues, dry Belly Aches, plague of the Guts, and divers other sore distempers" which afflicted the plantations.

There are other records of the existence of malaria in New England at later periods; but for a considerable time this form of disease has shown itself endemically in but very few sections. It is, we believe, about five years since it began to travel up the Connecticut and along the seacoast. It has now reached some of the river towns in lower Vermont, and has been quite prevalent at several points in western Massachusetts, along the Connecticut River Valley. Cases have also occurred at Providence, R. I., and in the vicinity of Boston. According to a report made by the Connecticut State Board of Health, the "malarial wave" is gradually extending over that State. The only rule which seems to be

observed is that it follows up the river valleys, spreading on either side. It also travels along the coast line, extending thence inland. Local causes do not apparently develop the disease, although marshy ground, newly turned soil, etc., have in some cases increased the amount or modified its methods.

What is the cause of this remarkable spread of malaria in a region that had so long been almost entirely exempt from such visitations? The Connecticut Board of Health is studying the question, and the sanitary authorities in other States will doubtless join in the investigation. Medical men in all parts of New England will do well to collect any facts which are likely to be of service in the examination.—*Boston Journal of Chemistry*.



RATTLESNAKE POISON.

The results of the experiments of Dr. Lacerdo Filho on the poison of the rattlesnake are as follows:—

FIRST.—The poison acts upon the blood by destroying the red corpuscles, and by changing the physical and chemical quality of the plasma.

SECOND.—The poison contains some mobile bodies, similar to the micrococcus of putrefaction.

THIRD.—The blood of an animal killed by a snake's bite, when inoculated to another animal of the same size and species, causes the death of the latter within a few hours, under the same symptoms and the same changes of the blood.

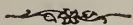
FOURTH.—The poison can be dried and preserved for a long time without losing its specific quality.

FIFTH.—Alcohol is the best antidote for the poison yet known.

ADVICE TO THOSE USING GLASSES.

Men engaged in literary pursuits should read most by day and write most by night. It is worthy of note that reading causes more strain to the eye than writing, and that copying work in writing makes a greater demand upon the organ of vision than off-hand composition. Twilight and a mixture of twilight and artificial illumination should be avoided for any kind of work. The pale cobalt-blue tint is the best that can be employed when protection for the eye from intense glare is sought, as in the case of travelling upon snowfields in bright sunshine. The green glass that is often adopted for this purpose is not by any means so worthy of confidence. Reading in railway travelling is objectionable in the highest degree for a very obvious reason. The oscillation of the carriage continually alters the distance of the page from the eye, and so calls for unceasing strain in the effort to keep the organ in due accommodation for the ever-varying distance of the dancing image. The exact fitting of the framework of spectacles to the face and eyes is of more importance than is generally conceived. If the centres of the lenses of the spectacles do not accurately coincide with the centres of the pupils of the eyes, the consequence is that the images in the separate eyes are a little displaced from the positions which they ought to hold, and that a somewhat painful and injurious effort has to be made by the eye to bring those images back into due correspondence for accurate vision. An incipient squint is apt to be in this way produced. Mr. Carter recommends that people should look to the centring of their spectacles for themselves. This may be easily done by standing before a looking glass with the spectacles in their place. If the fit is a good one, the centre of the pupil should then appear in the centre of the rim. Fully formed spectacles are always to be preferred to folding frames, because they permit of more satisfactory adjustment

in this particular, and because they are more easily kept in the right position with regard to the eyes. The only advantage which the pebble enjoys over glass for the construction of spectacles is the immunity which it possesses against scratching and fracture on account of its greater hardness.—*The Edinburgh Review*.



SALACYLIC ACID.

In regard to the usefulness of this agent it may be said that Dr. Thiersch of the Leipsic Hospital, has used this article "with very favorable results" in his surgical practice.

Kolbe has employed it as a wash for the teeth and mouth, and asserts that it is very effectual in purifying the breath. He says, "as a medicine for internal use, owing to the antiseptic properties, it is indicated in all diseases of the blood, especially in those which are developed by contagion." Among the diseases likely to yield to this treatment may be enumerated scarlatina, diphtheria, measles, small pox, typhus, dysentery, and cholera. It is also thought to be effectual in dealing with hydrophobia and pyæmia.

Dr. Fontheim says he has found this agent very beneficial in treating diphtheria. He says he employed it in thirty-two cases; of these none proved fatal, and the worst cases recovered in eight days.

Dr. Kolbe recommends that the remedy be always taken in solution, for in the form of powder it attacks the mucous membrane of the mouth and œsophagus.

A S T H M A .

In two cases of asthma of long standing, writes a physician, where the patients had renounced all hope of benefit from drugs, the use of bromide of potash in full doses, night and morning, was followed by a remarkable remission of the fit,—the patient in one case having slept for several consecutive nights without the return of the asthmatic paroxysm, a circumstance which had not occurred for years. In the second case the result was equally satisfactory.

D I A B E T E S .

M. Guyot Dannecy recommends citrate of soda, in daily doses of half a drachm to a drachm, as a remedy in diabetes. It has been shown by analysis that sugar disappears from the urine when this salt is used with the food instead of common salt. It is also known, since the researches of Wöehler, that the alkaline salts of organic acids, when given in doses too small to produce purgative effects, are absorbed, and their acid being burnt up in the respiratory process, are eliminated by the urine as carbonates.

Hence, citrate of soda may, without interfering with the gastric acid in the same way as alkaline carbonates, place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food. The efficacy of this remedy, and its superiority to the prolonged administration of bi-carbonate of soda, have to be proved by clinical experience.—*Ex.*

MENSTRUATION.

Upon the regularity of this function depends the health and happiness of the female ; and this fact being known and admitted, it is surprising that so many mothers fail to call in medical counsel when suffering arises from the various deviations from the healthy standard to which this function is exposed.

Writers lay it down as a fact that this function begins, continues, and ends, from the ages of fifteen to forty-five. It is well, in accepting this statement, to remember that this is not a *fact* but a general principle, for we find in our experiences great deviations from these periods, and consequently there is no necessity of our being misled. There is no doubt however that the commencing and closing periods are critical ones in the life of the female.

Certainly the ante-menstrual period is an important one ; and the suffering oftentimes accompanying the establishment of this function may be traced to the manner of life to which the female has been accustomed.

Too much confinement within doors doubtless leads to many difficulties, whilst pure air, and an ample sufficiency of out-door exercise greatly aids nature in the proper establishment of this important function.

When this period first arrives the constitution experiences a considerable change, and the subject becomes in a marked degree, better ; but it is sometimes a change for the worse. The greatest care is now necessary, as the future condition of the young girl will very much depend upon her conduct at this period.

If she fail in a sufficient amount of healthful exercise, and confine herself to a sedentary life within doors, she will become weak and feeble, pale and sickly looking, and may ultimately sink into a decline.

Says a writer on this subject, "it is the duty of mothers, and those who are interested with the education of girls, to

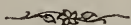
instruct them early in the conduct and management of themselves at this critical period of their lives. False modesty, inattention, and ignorance of what is beneficial or hurtful at this time, are the sources of many diseases and misfortunes in life, which a few sensible lessons from an experienced matron might have prevented. Nor is care less necessary in the subsequent returns of this period. Taking improper food, violent affections of the mind, or catching cold at this period, are often sufficient to ruin the health, or to render the female ever after incapable of procreation."

Tight lacing is an evil which sometimes entails serious difficulties, of which it is impossible for the physician to rid the victim, in consequence of the pertinacity with which she adheres to that custom. There are females, at the present day, who are experiencing the direful effects of a custom, of which it may be said, human invention could not possibly have devised a practice more destructive to health.

When this period is upon females they should avoid cold, for that degree of cold which would not injure them under ordinary circumstances, will often prove very detrimental at this time. The mind should also be kept as cheerful as possible, for any undue excitement often produces an unfavorable influence upon this function. There are many circumstances that occur in relation to this periodical visitation, wherein the counsel of the physician is absolutely essential in order to prevent the evils which will surely follow neglect. Those conditions which may seriously affect this function, such as a weak relaxed state of the solids, a viscid state of the blood, a too profuse flow, or an unnatural diminution of the discharge, an entire suppression, or a change in its healthy quality, and some other particulars that might be mentioned, are conditions in which it would be wise to consult the experienced physician, before the foundation is laid for after evils which perhaps no system of medication will be able to remove.

This subject has only been outlined, for the purpose of calling the attention of those most interested to its vital importance. Each point referred to above, if properly eliminated, might afford matter for a separate paper, were we to consider the diseases liable to follow carelessness and neglect.

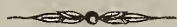
Whenever difficulties and derangements in this function occur, mothers are too apt to neglect them, and pacify themselves with the thought "I guess everything will come around right," and when they find the contrary is true, they set about dosing the patient in the blindest ignorance of the real causes of the derangement, instead of calling to their aid the judgement and experience of the qualified physician. To say that such a course often leaves the victim a prey to painful and troublesome diseases, is only to repeat what is known to many a mother, to be a truism that admits of no successful contradiction. If then, to avoid these evils it is only requisite "to be wise in time," mothers have a sufficient warning to enable them to save their daughters from the suffering that they must endure through neglect, and possibly also, from finding an early grave.



FUNGOID ORIGIN OF DIPHTHERIA.

Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bedroom, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bedroom to become saturated, through leakage of the spouting, the paper on the wall facing a passage, between the apartment and a second bedroom, became sodden and separated from the plaster, and small clusters of a toadstool (*Coprinus*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept

several weeks in their warm cribs in the damp room, without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Prof. Laycock's theory, that diphtheria depends on *Oidium*, or potato-fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.—*British Med. Journal*.—*Med. Brief*.



BELLADONNA.

Dr. Dolan says: "Ringer has established the power of belladonna in arresting the secretion of milk, whether used in the form of liniment, extract or ointment (a drachm of the tincture to an ounce of olive oil). He tells us that if the milk can not be drawn off artificially, the secretion may be suppressed, which can be easily effected by belladonna. It should be applied early, before inflammation has set in, and then in a few hours the swollen, painful breast gradually diminishes and soon becomes soft, comfortable, and painless. But should this early stage have passed by and inflammation have set in, and the breasts become tense, shiny, hard, knotty, red, and exquisitely painful, the continuous application of belladonna for twenty-four or forty-eight hours, will even under these adverse circumstances often remove the tension and inflammation, and arrest impending abscess. The rapid manner in which it affords relief in these cases will greatly astonish any one unaccustomed to its use, in fact it is impossible to over-rate the usefulness of this drug. I can testify to the accuracy of this description, having tried it in a large number of cases with most beneficial results. Its local action may be explained by presuming that it paralyzes the secreting nerves of the mammary glands, as it certainly does in the salivary glands."—*Medical Brief*.

AN UNHEALTHY WINTER.

There are all the indications of it. The weather will be uncertain; we shall have no severe frost, but much damp, rainy weather, exceedingly fertile in creating miasma in the air and propagating malaria. Throat diseases are sure to prevail, perhaps more so than those of the chest, as the organs of the throat are quicker attacked by the damp air. Nervous diseases will also prevail, as the low, dull temperature will lessen vitality still more in those who already possess little. Loss of appetite will trouble us, and digestion is not improved by damp, soft airs. Malarial fevers will attack crowded houses, so small pox and all blood diseases will find a fertile soil to grow in. These damp, low winters, though perhaps easier to bear than the sharp, frosty, cold seasons, are generally fruitful in disease. It will require great care to keep out of it.

What are your safeguards against disease? Thorough ventilation in houses, proper clothing for head, throat and feet; good exercise; nutritious living and all avoidance of taking cold. Immediate remedial action, when this has taken place. In such winters as these we must not allow colds to grow upon us, as they bring other troubles in their rear.

One great preventive of taking cold is to never remain in wet clothes, and to use outside wraps that will absorb wet and not allow it to penetrate. Above all to avoid wet feet; also to keep the feet warm, and if a cold has been caught to use mustard and hot water for the feet at once. The foot bath must not be taken higher than the ankles.—*Food and Health.*

How far the above may prove prophetic remains to be seen. Readers must take it for what it is worth, and wait until next spring for proof of its truth.—*Ed.*

MISCELLANY.

ANTIDOTE TO POISON. If a person swallows any poison whatever, or has fallen into convulsions from having overloaded the stomach, an instantaneous remedy, most efficient and applicable in a large number of cases, is a heaping teaspoonful of common salt, and as much ground mustard, stirred rapidly in a teacupful of water, warm or cold, and swallowed instantly. It is scarcely down before it begins to come up, bringing with it the remaining contents of the stomach; and lest there be any remnant of the poison, however small, let the white of an egg or a teaspoonful of strong coffee be swallowed as soon as the stomach is quiet, because these very common articles nullify a larger amount of virulent poisons than any medicines.—*Medical Summary.*

CLOTHING AND DISEASE. The "London Truth" says: It may not perhaps be known that a man wearing dark clothes is more liable to infection from contagious disease than he who wears light colored garments, because particles which emanate from diseased or decaying bodies are much more readily absorbed by dark than by light fabrics. This is easy of proof. Expose a light and dark coat to the fumes of tobacco for five minutes and it will be found that the dark one smells stronger than the other of tobacco smoke, and it will retain the odor longer. (The position here taken is doubted, and the experiment adduced proves nothing concerning contagion.—*Ed*)

ALCOHOLISM. Dr. Luton (*Bull. de Therap.*) claims that by frequent experiment he has demonstrated that strychnia is the best physiological antidote in cases of chronic alcoholism. He has used hypodermic injections of the sulphate of strychnia in delirium tremens with markedly favorable results, relieving tetanic rigidity and quieting delirium.

This tends to confirm the truth of the stories about strychnia-eating in California noticed some five years since. According to reports made in evident good faith, the practice was resorted to by hard drinkers, and had become almost a fine art.—*Drug Circular*.

ONIONS IN PHTHISIS. Dr. W. H. Pearse, physician to the Plymouth (England) Public Dispensary, recommends in strong terms the free use of onions for consumptive patients, and says: "It is a continually recurring experience with me to hear young persons express a desire for onions, which are often preferred raw, with a little salt, and I have rarely heard that the onions disagree. I conceive that it is of the greatest importance to follow Nature's lead in the matter of the appetite. I conceive, further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right track for further knowledge."—*N.E. Medical Gazette*.

THE BISULPHIDES IN SCARLATINA AND DIPHTHERIA. Dr. D. H. Sheffield, of Apple River, Illinois, in a recent communication, reports very favorable results from bisulphide of soda in scarlatina and diphtheria. The remedy is given in doses of seven grains and a half, internally, every hour, until an effect on the disease is produced. He alleges that the remedy has a marked effect in cutting short the course of both these diseases. His mortality has been very light and complications have been infrequent.—*Medical Bulletin*.

COLOR-BLIND RAILWAY OFFICIALS. An examination of railway employes in Brussels has disclosed the fact that five per cent. were color-blind, more or less, and in accordance with the rules they have been removed from posts in which the ability to distinguish colors is of importance. This country is much behind others in the matter of such examination, and this may in some degree account for the frequency of railway accidents, and for errors in reading the signals and managing the points, otherwise unaccountable.—*British Medical Journal*.

ERGOTINE IN ELARGED SPLEEN. W. L. Barret, M. D., says: "I treated a girl for malarial fever of a remittent form. For several months previous she had suffered from intermittent

fever. The spleen was greatly enlarged. I injected ergotine, 4 grs. beneath the skin immediately over the spleen. Three days after, found that the spleen had resumed almost its normal size. She is now well." Dr. T. W. Roane has also used it with excellent results in a number of cases of enlarged spleen and liver, the result of malaria.—*Southern Practitioner*.—*New York Medical Abstract*.

ERYSIPELAS. In a recent number of the *Archives of Dermatology*, Dr. L. Heppel, of this city, makes known a new abortive treatment of erysipelas which he has so far known to be successful in seven cases. It consists in "brushing the boundary line and the parts extending a finger's width on either side of it, with a ten per cent. alcoholic solution of carbolic acid until the integument thus painted shows a decided discoloration." An agreeable sensation is said to be experienced at the points of application.—*The Bistoury*.—*Indiana Medical Journal*.

REMOVAL OF MOLES. Dr. L. Thomas, in the *British Medical Journal* advises the use of "acid nitrate of mercury" for the removal of moles upon the face. No pain attends the application, if care be taken to prevent touching the surrounding skin. The growth gradually shrivels away; the slough falls off in about a week, leaving only a faint depression like a very indistinct small pox mark.—*Medical Gazette*.

REMOVAL OF THE THYROID GLAND. M. Tillaux reports a case in which he removed the thyroid gland successfully. The patient, a woman, 29 years of age, had a goitre as large as a child's head, which caused severe attacks of suffocation. The operation was very tedious and difficult, and the hemorrhage was alarming, but it proved entirely successful in every respect.—*Medical Tribune, from Le Courier Medicafe*.

IMPORTANT. Chemists declare that it is dangerous to use for domestic purposes fruits, vegetables and meats which have been put up in tin cans, as they contain more or less lead and tin, both active poisons. Common cheap pickles contain no little amount of poison. But, says a chemist, of all adulterated articles, candies are decidedly the most objectionable, as they are seldom if ever pure—*Sec. Press*.

MEMORANDA.

1798. A severe and fatal fever was epidemic in Maryland.
1799. Dr. John Bard died in New York, aged 82 years.
- “ Dr. Louis M. Daubenton died in France, aged 83 yrs.
- “ Dr. John Green died in Massachusetts, aged 63 years.
- “ Dr. William Withering died in Scotland, aged 58 yrs.
- “ Dr. Joseph Black died in France, aged 71 years
1800. Dr. John Homans of Boston, died at sea, aged 47 yrs.
1801. Dr. Richard Bayley died in New York, aged 56 years.
- “ Dr. William Heberden died in London, aged 91 years.
1802. Dr. Erasmus Darwin died in England, aged 71 years.
- “ Dr. George Fordyce died in Scotland, aged 66 years.
1804. Dr. Priestley, scientist, died in England
- “ Dr. Thomas Percival died in England, aged 64 years.
- “ Dr. Joseph Whipple died in Boston, aged 48 years.
1805. Dr. David Oliphant died in Newport, R. I.
- “ Dr. William Buchan died in England, aged 76 years.
- “ Dr. William Woodville died in Scotland, aged 53 yrs.
1807. Dr. Charles Jarvis died in Boston, aged 57 years.
- “ Dr. John Cochran died in New York, aged 77 years.
- “ Dr. Nathaniel Hulme died in England, aged 75 years.
1808. Dr. John Green, Jr. died in Massachusetts, aged 45 yrs.
- “ Dr. Wm. Shippen died at Germantown, aged 74 years.
1810. Dr. James Lloyd died in Boston, aged 82 years.
1811. Dr. Peter S. Pallas died in Prussia, aged 70 years.
1812. Dr. Edward Miller died in New York, aged 52 years.
1813. Dr. Benjamin Rush died, aged 68 years.
1814. Dr. James Craik died in Maryland, aged 84 years.



EDITORIAL.

The next course of lectures of the College of Physicians and Surgeons of Buffalo, Medical Department of Alfred University, will begin February 14th, 1882, and continue till the last of the following June. Further information can be procured by addressing the Dean of the Faculty, S. N. Brayton, M. D., or the Registrar, A. A. Hubbell, M.D., Buffalo, N.Y.

Two courses of lectures to teachers will be given the coming winter at the University at Cambridge; one, on the history of Education since the revival of learning, and the other on the elements of Psychology applied to education.

The "Museum of Fine Arts," Boston, is about to make a final effort to secure the sum of money required for the purchase of the pictures by Dutch artists, which were brought by Mr. Blake from the Demidoff sale.

The Bristol South District Medical Society held its semi-annual meeting in Fall River last month, (Nov.) when Dr. Taylor of New Bedford read an essay on "the present state of medical science."

The Boston District Eclectic Medical Society at the November meeting commenced a review, and discussion of the medical and surgical treatment of the case of the late President Garfield. The subject was introduced in an extended essay by Dr. Milbrey Green, and a long and interesting discussion of the various points in the treatment followed the essay. The subject was continued for discussion at the December meeting.

The Boston Eclectic Gynecological and Obstetrical Society held its regular meeting on the 22d of last month. A paper upon "Phlegmasia Dolens" was presented by J. P. Bills, M.D., which was followed by a general discussion.

Dr. Milbrey Green commended the use of the bandage, and the application of a lotion composed of Fl. Ext. Hamamelis, four ounces, Muriate of Ammonia, one ounce, mixed with half a pint to a pint of water, according to circumstances. His internal treatment consisted of Sesquicarbonate of Ammonia, one drachm, Fl. Ext. Stillingia, four drachms, Syr. Aurantii, one ounce; the dose was a teaspoonful three times a day. After this he had used Iodide of Ammonia, one drachm, Syr. Stillingia Comp., four ounces, and Syr. Aurantii, two ounces; of which mixture he gave a dessert spoonful three times a day. The doctor further stated that he had experienced good effects from the Chloride of Calcium.

Dr. C. E. Miles commended the use of Muriate of Ammonia in two grain doses in the chronic form of this disease.

Both of these gentlemen recommended the use of "Martin's Elastic Bandage," as it was the lightest and best in use; and Dr. Green considered it the *sine qua non* in the treatment.

Dr. Milbrey Green introduced to the notice of the society an "Abdominal Supporter," designed by Dr. Linnquist, of New Haven, Ct., which is a substitute for the English bandage, is afforded at a much less price, and can be found at all the surgical depots where such appliances are for sale. Dr. Green spoke in high terms of this new instrument, and commended it to the attention of the society.

The Massachusetts Eclectic Medical Society will hold its twenty-first semi-annual meeting at the Revere House, Boston, on Wednesday, January 12th, 1882, at 10 o'clock A. M. Essays will be read, and other interesting exercises will be presented. It is hoped that there may be a full meeting. The semi-annual dinner will occur at 2 o'clock, P. M.

OBITUARY.

Died in New York City, of paralysis, Prof. Robert S. Newton, M. D. Dr. Newton was widely known by eclectics, and was an industrious worker in the medical ranks. In the course of his medical career he was connected with the Memphis Medical Institute, and with the Eclectic Medical Institute, at Cincinnati. He formerly held the editorial

relation to the "Eclectic Medical Journal," at Cincinnati, and latterly to the New York "Medical Eclectic." Dr. Newton's age was about 62 years.

Died in Boston, Dr. John Bacon, formerly professor of chemistry in Harvard College. He was a very amiable man, and an excellent instructor. He died suddenly at his residence in this city.

Dr. L. S. Wilcox, a prominent physician in Hartford, Ct., died in that place, aged 55 years. He was connected with the medical faculty of Yale College.

Dr Harrison Eaton died at Merrimack, N. H., aged 68 years. He was in continuous practice for forty years, and a valued citizen.



DR. J. MILNER FOTHERGILL ON USE OF MALTINE

From the London "Practitioner."

In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. After this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, &c., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed its sweet taste renders the gruel, &c., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.

WAYSIDE GLEANINGS.

Of the 983 medical periodicals in Europe, there are published in Paris 95; in the French departments 52; Germany publishes 133; Austria 54; Italy 51, and Great Britain 69; America has 183.

Dr. Jean Baptiste Bouillaud of Paris is dead. He was born in 1796, and was 85 years of age. He graduated in Paris in 1823, and subsequently became a noted medical writer.

Dr. Benjamin F. Bache, who for nearly sixty years was an officer in the United States navy, died in Brooklyn, aged 81.

A medical college for women is to be opened in San Francisco.

It is said that one reason why compound fractures are so dangerous is, that the air bringing with it putrefying germs, gains access to the wound. Dilute carbolic acid kills the germs and is not too powerful a caustic.

A committee of the medical society of the District of Columbia has made an investigation into the sanitary condition of the District, and have made a favorable report.

Dr. Ambrose Goetz, formerly of St. Petersburg, and at one time physician of the Russian embassy to Japan, died suddenly in New York.

M. d'Arsonville in the *Revue Scientifique* is very sanguine in regard to the future of electricity. He says it will supersede all the motive powers used by man, and surpass them in every way.

The poisonous principle of the Persian insect powder is in the nature of a soft resin. It acts chiefly on the alimentary canal and the power of locomotion. The legs of the

insect refuse to do duty, and if it is possessed of wings it tries to fly, but soon comes down upon its back, and death is only a question of time.

Surgeon George Purviance, of the Marine Hospital Service has been ordered to Boston to take charge of the Marine Hospital to relieve Surgeon Van Zant who goes to San Francisco to take charge of the hospital at that place.

Prof. William B. Rogers having retired from the presidency of the "Society of Arts," Boston, Gen. Francis A. Walker has been elected to fill that honorable position.

The Secular Press announces that insanity is on the increase in Maine. There are now over 450 patients at the hospital which is so crowded that twelve persons have recently been refused admittance.

The experiment tried at Grentham, Eng., in dealing with the summer outbreak of scarlet fever, and which consisted in isolating the patients in tents, had the most satisfactory results in stopping the spread of the disease.

Dr. A. W. Whitney died November 10th at his residence in West Newton, Mass., aged fifty years; and on the 9th inst., Dr. E. K. Webster died in Pittsfield, N. H., aged seventy-nine years.

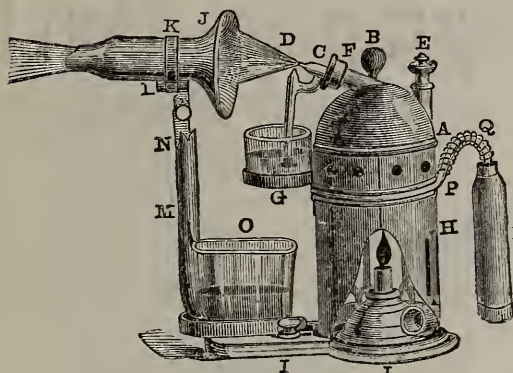
Various cases of poisoning from the use of perfumes have been reported in recent English journals. In one instance a little girl had bought some heliotrope perfume at a bazaar, and had applied it on her face. This caused a vesicular eruption, swelling, itching, and in fact erysipelas, which lasted for some time. The scent was made with some of the products of coal tar, and not with the odoriferous principles of plants, thus acquiring its irritating properties.

Dr. William Fletcher of the government geological survey was drowned recently in Margo river, Cape Breton.

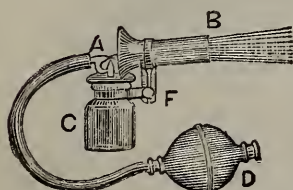
Dr. Sternberg, who has been investigating the causes of yellow fever, believes that its germs are carried about in clothing and other articles, and are only invisible on account of their minute size.

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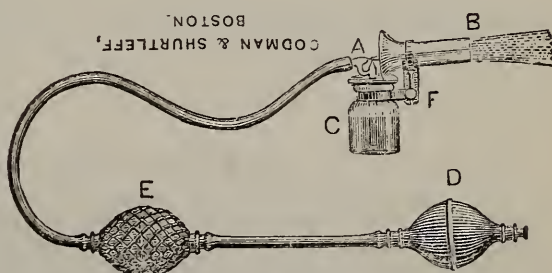
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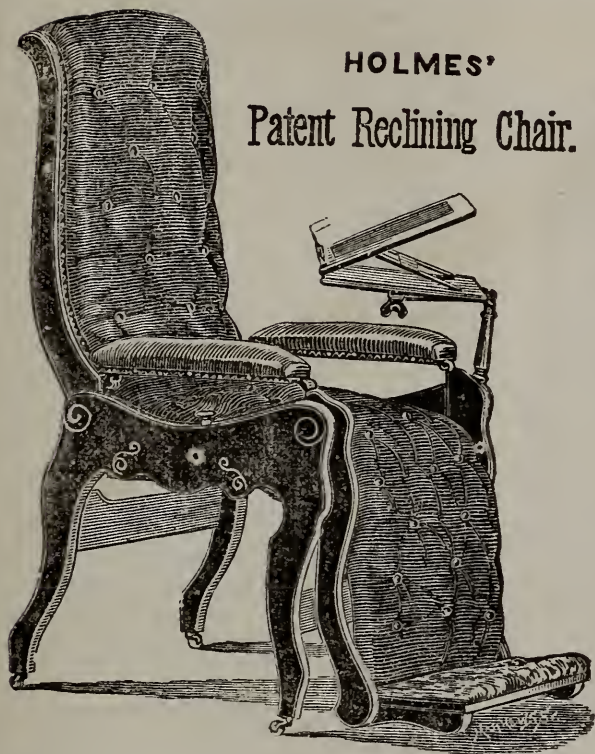
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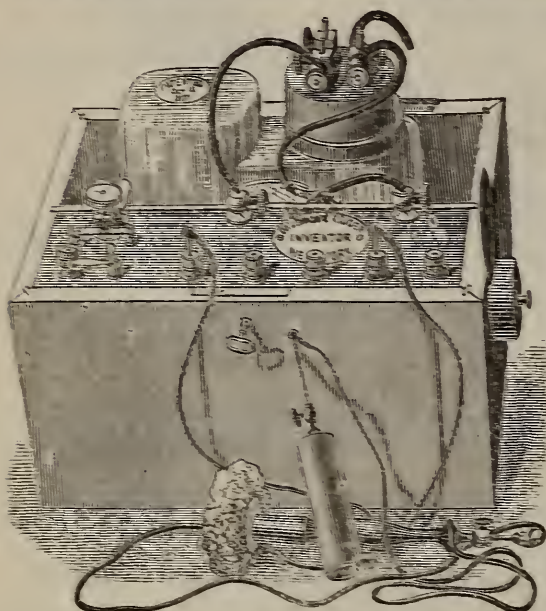
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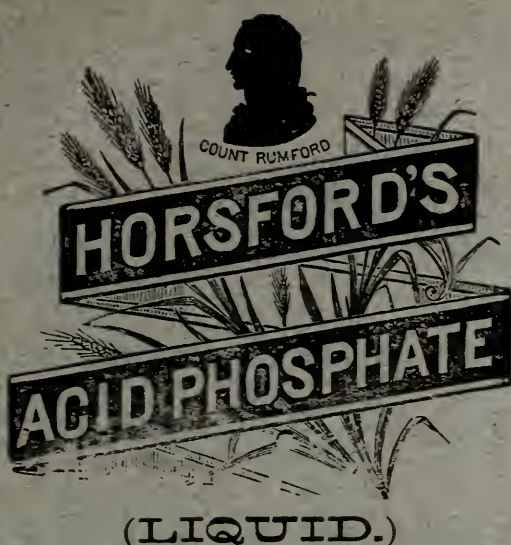
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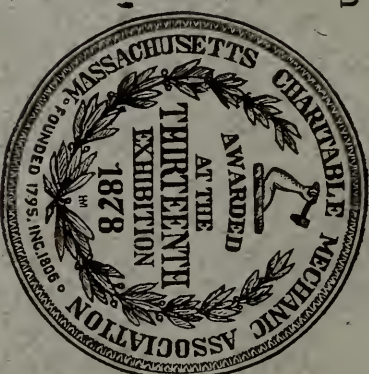
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